

Department of Special Education

Request for Evaluation

Under the Individuals with Disabilities Education Act, Parents of a student with a disability, or parents of a student suspected of having a disability may request the District conduct an evaluation of their child.<sup>1</sup> If you would like to request an evaluation of your child please complete the form below and provide the completed form to the Special Education Department.

To: Department of Special Education  
Mount Vernon City School District  
165 N. Columbus Avenue  
Mount Vernon, NY 10553

Student: \_\_\_\_\_

D.O.B: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Pursuant to the Individuals with Disabilities Education Act, Education Law 4401 et. seq, and its implementing regulations, I request that the Mount Vernon City School District conduct the following evaluations of my child:

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The reason for the evaluation is: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Special education services approved by the Committee on Special Education shall begin within 60 days of receipt of the request for an evaluation.