<<Your name>>

<<Your address>>

<<Your email address>>

<<Your telephone number>>

<<Today’s date>>

<<Name of your district’s special education director>>

Special Education Department

<<The full name of your school district>>

<<The address of your school district>>

*Via fax to <<The fax number of your school district’s special education department>> and certified mail*

Re: Request for Comprehensive Evaluation

For <<Child’s name>>

DOB: <<Child’s date of birth>>

Dear <<Name of your district’s special education director>>,

This letter serves as our written request that our child, <<Child’s name>>, receive a comprehensive evaluation in all areas of suspected disability. This request is because <<Why does your child need a comprehensive evaluation?>> As a reminder, <<Child’s name>> underwent a <<Type of hemispherectomy your child had>> hemispherectomy in <<Year of most recent hemispherectomy surgery>> to stop intractable seizures <<Is your child seizure free?>>

We request the following assessments:

* Basic health, including hearing and visual acuity, emergency seizure plan, complex care or IHP, and hydrocephalus awareness plan;
* Neuropsychological: to measure <<Child’s name>>’s general intelligence; instructional needs; social-emotional functioning; as well as [his/her] skills in attention, memory, language, visual-motor, perceptual, spatial, executive function; and other cognitive consequences of hemispherectomy. [If your child is having any current struggles with writing, learning, focusing, state that here.];
* Educational: to assess <<Child’s name>>’s academic skills in reading, math, and writing, including oral expression, listening comprehension and written expression. This would include a comprehensive reading assessment to assess [his/her] literacy/pre-literacy skills, including phonological and phonemic awareness, vocabulary, comprehension, and fluency. (The reading assessment portion of this evaluation must be performed by a Certified Reading Specialist.);
* Central auditory processing: Research on children after hemispherectomy indicates that all have some degree of central auditory processing disorder. These children often have audiological symptoms but normal pure tone audiograms. The primary deficit areas post-hemispherectomy include dichotic listening, sound lateralization and localization, and sound in noise. Assessments should include sound in quiet, sound in noise, filtered sound, and dichotic listening. Only audiologists can diagnose CAPD;
* Functional vision: to assess how <<Child’s name>> uses vision (limited by the homonymous hemianopsia caused by the surgery) in everyday life and identify areas of concern in safety, navigation, and reading, for example. After hemispherectomy, components should include: 1) visual acuity; 2) field of vision; and 3) contrast sensitivity;
* Orientation and mobility: to assess how homonymous hemianopsia affects <<Child’s name>>’s ability to travel safely both indoors and outdoors, with or without assistance, and consider sensory, navigational, visual, and mobility skills;
* Sensory evaluation: to measure the sensory integration processes that underlie learning and behaviour, <<Child’s name>> requires a comprehensive evaluation of his sensory needs, including proprioception, self-regulation and self-modulation. Hemispherectomy surgery removes the sensory cortex of one side of the brain, which often results in sensory processing issues;
* Gross and fine motor: to examine <<Child’s name>>’s locomotor skills and object control, specifically in the areas of fine manual control, visual-fine motor skills, body coordination, ambulation, balance and vestibular reflexes as well as strength and agility;
* Speech and language: to assess his speech, articulation, spoken/non-spoken language, and communication skills;
* Assistive Technology: to assess what aids and devices can enhance his communication and access to curriculum, and to minimize the academic demands on <<Child’s name>> via these resources if possible so as to free up cognitive resources for richer learning;
* Augmentative Assistive Communication: to examine what aids and devices can help improve <<Child’s name>>’s communication;
* Adaptive Physical Education: to assess <<Child’s name>>’s ability to participate in the school’s physical education program and access the school environment, especially related to health and well-being as well as functional gross motor skills training in relation to mobility and play, endurance and conditioning programs for physical fitness, balance, body awareness, environmental adaptations, accommodations, and adaptive techniques;
* Functional Behavior Assessment: to assess the purpose/ reason for behaviors displayed by children with cognitive or communication disabilities;
* Educationally Related Mental Health: to determine whether the child’s disability may be serious enough to warrant special mental health and therapeutic interventions to enable him to make friends and socialize appropriately.

Please provide us an assessment plan within 15 days.

We trust that these assessments will be performed by qualified individuals and that the testing protocols used will be appropriate for a child with his/her physical challenges.

We are eager to move forward with this plan so that we can put together an appropriate educational program for our child. We are sure you are as concerned as we are to see <<Child’s name>> serviced properly.

Sincerely,

<<Your name>>