

To: [School Name]

Date: [Today's Date]

I am writing to request a learning disability screening for my child, [Child's Name], who is in [Grade Level] at [School Name]. I have noticed several challenges that affect their learning and believe an evaluation is necessary to help support their educational needs.

Student Details:

- **Name:** [Child's Name]
- **Grade:** [Grade Level]
- **Teacher:** [Teacher's Name]

Observed Challenges:

- **Reading/Writing/Math:** (Briefly describe any difficulties in specific areas.)
- **Attention:** (Note if staying focused is a challenge.)
- **Memory:** (Mention any noticeable issues with memory.)
- **Social Skills:** (Describe any social interaction challenges.)

I request that the school conducts a formal assessment to identify any learning disabilities and to determine appropriate supports for my child. I look forward to discussing the next steps in this process.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Contact Information]