



South Bend Community School Corporation
Special Education Services
215 S. Martin Luther King Jr. Blvd., South Bend, IN 46601
Ph: 574.393.6119 Fax: 574.283.8105

Date: _____

Dear Parent/Guardian:

We have been informed that you are withdrawing your request/permission for the South Bend Community School Corporation to complete an evaluation on your child.

If this is the case, please sign below and return this letter in the self-addressed, stamped envelope.

As parent and legal guardian of _____, DOB _____, who attends _____ school, I am withdrawing my request for an evaluation.

I understand that, if in the future, I wish to request an evaluation, I can do so by making a request to any certified staff member at my child's school. I also understand that the required procedures for an initial evaluation as described in state law will be followed.

Parent/Guardian Signature

Date

Cc: principal, cum, psychologist