

Dear _____,

My child, _____, has been receiving WV Birth to Three services, and will soon be three years old. I am requesting an evaluation to determine his/her eligibility for Part B preschool special education services.

You may reach me at the address/telephone number below.

(Print) Parent Name

(Print) Child's Name (First, Middle, Last)

Child's Date of Birth

(Print) Address – PO Box or Street

(Print) Address – Town, State and Zip Code

Telephone (Home) (Work) (Cell)

County of Residence

Name of Home School

Thank you.

Parent Signature

Date