(YOUR ADDRESS)

Provide your address. This is also important for us to mail the invitation to conference.

This is used for our internal processing procedures.

The Department Chair

Special Education Department

Initial Referral Division

Ligon GT Magnet Middle School

706 E. Lenoir St.

This is the date stamp for the referral process.

Raleigh, NC 27610

(mm/dd/yyyy)

Dear Sir/Madam:

I, (your name), the parent/guardian of (First Name Last Name), request a referral for evaluation for special education services for my son/daughter. I can be reached at the phone number below during the hours (Please provide a range of times during the day when the school can contact you).

Sincerely,

Please provide a phone number. This is helpful for us to contact you to schedule the meeting.

(Your Name)

(Daytime Phone Number)