

Calvary Christian Academy

Sample Dual Enrollment Form



Your Name
Your Address

Date

Principal Name
School
School Address

Dear Principal Name,

Our child, _____ is a _____ grader at Calvary Christian Academy. His/her date of birth is _____. Your school is our home school. _____ has been experiencing some difficulties in the classroom. (Please specify the difficulties)

Ex. Academically, we are not seeing the progress we hope for. Specifically the teacher has noted math and math computation as a struggle and we are seeing the same at home.

Ex. Our child appears to be prone to daydreaming, lack of attention to detail, difficulty in following directions and lack of follow through in turning in critical assignments.

Ex. Our child is reading below grade level. His/her report card consistently shows a decline in development in this area. The lack of comprehension is now affecting other areas of his/her education.

Ex. Due to an increased amount of anxiety and an ongoing struggle with schoolwork and social experiences,

We are requesting a formal psychoeducational evaluation take place. We are choosing to seek the professional assistance of the school district to assess any formal issues and then devise a plan to help our child in the areas requiring intervention. We understand that we are members of our child's evaluation team and we desire to give input to the team. We welcome participation in this process.

We understand we can be expecting a notice of parental rights and a "Permission to Evaluate" form that requires our signature(s). We are hopeful that the evaluation can be completed and reports distributed within the 60 calendar days from receipt of our signed permission slip.

Please feel free to contact us via phone _____ or via email _____ so that we can begin the process. Thank you in advance for your attention to this matter.

Sincerely,