--------------(The Principal )

--------------(Name of School)

--------------(Address of School)

--------------(Date)

Dear Mr. --------------or Ms.--------------- (Name of Principal):

Re: (Name of Your Child) (Date of Birth)

We wish to place --------(Child’s name) --------------’s on the waitlist for a psychoeducational assessment. We are concerned about how ------------------(Child’s name) -------------- is functioning in class.

As you may know, --------------(Child’s name) -------------- was born early at ------------ weeks of gestation with a birth weight of -------------- grams. From our follow-up appointments at Sunnybrook Health Sciences Centre, we know that children who are born preterm can have challenges with language development, social emotional immaturity, visual spatial relationships, motor coordination, executive function (e.g., hyperactivity, inattention, challenges with task persistence, transitions) and cognition.

During --------------(Child’s name) -------------- most recent visit at Sunnybrook on (Month XX, XXXX), HIS/HER scores on cognitive screening were not meeting expectations. A comprehensive psychoeducational assessment will help us, as well as HIS/HER educators, better understand HIS/HER learning profile and optimize HIS/HER learning as she continues in her academic career.

Thank you for considering this request.

Sincerely,

(Parent name)