

Your Address

Your Phone Number

Date:

Principal

Your Child's School

Address of your child's school

Dear Principal:

I am the parent of _____, whose date of birth is _____.
I am requesting that the school district agree to pay for an independent evaluation of my child for the following reasons. [Although not required, we recommend that you tell the district why you do not think that the district's evaluation is not appropriate.]
The type of independent evaluation that is needed is:
_____. [You can, but don't have to, tell the school district what type of educational evaluation you think is needed].

Please forward to me the criteria that the school district uses to select its evaluators for this type of evaluation. I would also appreciate a list of the evaluators that are available (although I understand that I do not have to select someone from the list to evaluate my child so long as the evaluator I select meets the school district's criteria).

I would appreciate it if you would contact me at your earliest convenience to let me know whether the school district will pay for this independent evaluation. I understand that if the school district turns down my request, it must immediately arrange for a Special Education Hearing. If you choose to pursue a Hearing, please notify me when the school district will file a complaint with the Office of Dispute Resolution requesting that a Hearing be scheduled, and when the resolution session will be convened.

Thank you.
Sincerely,

cc: Superintendent

KEEP A COPY OF THIS REQUEST FOR YOUR FILE. WE RECOMMEND THAT YOU EITHER HAND-DELIVER THIS REQUEST TO YOUR PRINCIPAL OR SEND IT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.