

REQUESTING AN INDEPENDENT EVALUATION

(Be sure to keep a copy for your records)

(Date)

(Name of Director or Supervisor of Special Education)

(Name of School)

(Address of School)

Dear (Name of Director or Supervisor):

I am the parent of (name of student). I do not feel that the school system's assessment of (name of student) dated (date of evaluation) is appropriate and I am requesting an independent evaluation.

Please tell me in writing of the criteria under which the independent assessment must be conducted so that it meets the criteria the school uses in its assessment. Also, please tell me in writing where I may obtain an independent evaluation for my child.

I understand that the school district must pay for the independent assessment unless it requests a hearing to prove that its assessment was appropriate. I will send you the results of the independent evaluation. I understand that it must be considered in any future decisions about my child's education.

Thank you for your help. I look forward to hearing from you within five school days of the date you receive this letter.

Sincerely,

(Parent's name and address)

cc: (School Principal)