
Parent's/Caregiver's Name

Address

Date

City, State, Zip Code

School Name

School Address

City, State, Zip Code

Dear _____:
Child Study Team Member

I am the parent of _____, born on _____. My
Name of Child Date of Birth

child is in the _____ grade at _____.
Grade Name of School

I am writing to ask that the school district pay for an independent evaluation of my child. I believe that my child needs to be independently evaluated by a specialist in _____. (i.e., Speech/Language, Physical Therapy, Occupational Therapy, Psychology, Learning Disabilities)

I understand that the district is required to provide my requested independent evaluation unless the district requests a due process hearing within 20 days and proves that their evaluation was appropriate. Please contact me as soon as possible at _____ regarding my request.

Phone number

Thank you for your time and assistance in my child's education.

Very truly yours,

Parent's/Caregiver's Name

cc: _____
Director of Special Services

Dear _____:

I am the parent of _____, born on _____.

My child is in the _____ grade at _____.

I am writing to ask that the school district pay for an independent evaluation of my child. I believe that my child needs to be independently evaluated by a specialist in

_____.

I understand that the district is required to provide my requested independent evaluation unless the district requests a due process hearing within 20 days and proves that their evaluation was appropriate. Please contact me as soon as possible at _____ regarding my request.

Thank you for your time and assistance in my child's education.

Very truly yours,

cc: _____