Today's Date (include month, day, and year) Your Name Street Address City, State, Zip Code Daytime telephone number Name of Special Education Administrator Name of School Street Address City, State, Zip Code Dear (Special education administrators' name), My child, (child's name), is in the (__) grade at (name of school). S/he has recently been evaluated for special education services by the school district's evaluator, (name of evaluator). I received the evaluation reports and am not in agreement with the results. (If you have had an eligibility meeting for your child, note the date and outcome of that meeting here.) I am requesting an independent educational evaluation for my child. I understand that IDEA provides for an independent evaluation at public expense. I am requesting this independent evaluation based on the following reasons: (List your reasons in detail with supporting quotes or data as necessary.) I am requesting that my child be evaluated in the following areas: (List skill areas for which you are requesting an independent evaluation.) I plan to have (name of evaluator) of (name of center/hospital/or other affiliation) conduct the evaluation. Please contact his/her office at (phone number) to arrange payment for these services. (If you do not have an evaluator in mind, the school must provide you with a list. You can substitute the sentence, "I am aware that you have a list of evaluators in the area. Can you please provide me with that information?") I understand that unless the school district can prove at a due process hearing that the current evaluation is comprehensive, the school is responsible for the cost of the independent evaluation. If I have not heard from you in writing within 5 days of your receipt of this letter regarding whether you intend to request a hearing on this issue, I will assume that the school district intends to honor the request for an independent educational evaluation at public expense. I also am aware that since the evaluation will be done at public expense, it must be comparable to that done by the school district's evaluator. Please contact (name of evaluator)'s office to discuss the criteria and conditions, and to provide information about who should be sent the evaluation report so it can be considered by the IEP team. Thank you very much for your help. If you have questions, please feel free to contact me at (your phone number). I look forward to hearing from you about this request. Sincerely, Your name

^{*}Adapted from The Everything Parent's Guide to Special Education (Adams Media, 2014)