

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. I believe that the district's evaluation is not appropriate for the following reasons: _____
_____. I believe the following type of independent evaluation 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 you would recommend (although I understand that I do not have to select someone from the list to evaluate my child).

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. ***[Note: A parent can also request that the public charter school or school district participate in a mediation session to resolve the dispute; if you mediate the dispute, and it doesn't work out, you can still have a hearing, and you don't have to also have a resolution session].***

Thank you.

Sincerely,
Your Name

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.