

Your Address  
Your Phone Number  
Date

Principal  
Your Child's School  
Address

Dear :

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 was not appropriate because \_\_\_\_\_.

I understand that if the school district turns down my request, it must arrange for a special education hearing. I would appreciate it if you would contact me at your earliest convenience to let me know whether the independent evaluation will be paid for, or whether a hearing will be scheduled.

Thank you.

Sincerely,

Your Name