Date

Child Study Team

School name

School address

City, state, zip

Dear Child Study Team Leader,

My name is requester’s name and I am the relationship to child of child’s name, who was born on child’s date of birth. This student is in the child’s grade grade at name of school.

I am writing to request an independent evaluation for child’s name. I believe that she needs the following independent evaluations:

* List applicable evaluations here. This could include: psychological, speech/language, physical therapy, occupational therapy, social, learning disabilities, psychiatric, reading, neurological

Please provide me with a list of independent evaluators as soon as possible.

Pease also consider that this is a request to have the school district agree to have the independent evaluation conducted at no cost to me.

I understand that the school district has 20 calendar days from receipt of this letter to respond; however I hope that it will take less time as I am very concerned about child’s name. I further understand that if the school district refuses my request for an independent evaluation, it must schedule a due process hearing and prove that its evaluation was appropriate.

If you have any questions or need additional information, I may be reached at phone number.

Thank you for your tie and prompt attention to this matter.

Sincerely,

Requester’s name

cc: Director of Special Services of the Board of Education