



SAMPLE LETTER REQUESTING AN EVALUATION

(Your Address)

(Your Phone Number)

(Today's Date)

(Principal's Name)

(School Name)

(School Address)

Dear _____,

I am the parent of _____, age _____, who is currently a student in grade _____ at _____ School. I have reason to believe that my child has special needs that require special education and related services. *(Briefly explain why you believe this to be true.)*

Please arrange to have my child evaluated by a child study team as quickly as possible, so that an appropriate program for (him/her) can be provided.

Thank you.

Yours truly,

(Your Name)



SAMPLE LETTER REQUESTING AN INDEPENDENT EVALUATION

(Your Address)

(Your Phone Number)

(Today's Date)

(Director of Special Services)

(Board of Education)

(Address)

(City, State, Zip)

Dear _____,

I am the parent of _____, age _____. I am currently in disagreement with the present evaluation completed by _____ (*member of the Child Study Team or by the entire Child Study Team*). (*Briefly explain the areas you are in disagreement with.*) I am requesting an independent evaluation to be provided at public expense.

Please provide me with the names of approved agencies/clinics located within our county that can provide the evaluations requested. Please also inform me of the voucher system or method of payment in writing.

Thank you.

Yours truly,

(Your Name)