

Request for Independent Evaluation

Date:

To: Director of Special Education

From:

Child's Name:

School:

I hereby request that the school provide an independent evaluation for my child. I disagree with the system's evaluation and believe that testing must be conducted by an individual not associated with the school system. Please provide me with the names and addresses of evaluators who meet the system's criteria and I will schedule an appointment

If the system is refusing to pay for an independent evaluation, please notify me of your decision in writing and the reasons for your decision.

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Signature