

**Sample Request  
to Your Special Education Director  
for an Independent Educational Evaluation**

**Today's Date**

**Your Name**

**Your Street Address**

**Your City, State, Zip Code**

**Special Education Director' Name**

**Special Education Director's Office Address**

**Special Education Director's City, State, Zip Code**

Dear **(Special Education Director's Name)** :

I am requesting an independent evaluation for my child, **(Your Child's Full Name)** ,presently placed at the **(The Name of Your Child's School)** School in **(Your Child's Grade or Program)** grade/program. I disagree with the results of my child's evaluation and I am requesting that the school pay for the independent evaluation.

I plan to have the independent evaluation done in the following areas: **(List the areas you would like the independent evaluation to assess, for example: psychological, educational, health, speech and language, occupational therapy, physical therapy etc.)**

I plan to use the following evaluator(s): **(List the name, address and phone number of the evaluator(s) you plan to use.)**

Thank you!

Sincerely,

**Your Name**