

Letter to Request an Independent Evaluation at the District's Expense

Delivered on: _____ Received by: _____(Initials) Copies Received on: _____
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Date: _____

To: _____ (Special Education Director)

From: _____

(parent/guardian/student over 18)

Re: _____ (Student under 18)

I, _____ request an independent evaluation at the districts expense for _____.

The evaluations I request are because I don't believe the districts evaluations give me enough information to provide my informed consent to agree with the districts decisions.

I understand I need to provide you with the person who will be conducting the IEE and that they must accept the state's rate setting payment. I also understand that you have,

according to the law, 5 days in which to decide to reject my request and apply for a

hearing. My request is within the time line of 16 months as required by law. The IEE'(s)

requested is/are:

Psychological ___ Educational___ Speech ___/Pragmatics___ Occupational Therapy___

/Sensory ___ Physical Therapy___ Functional Behavioral Assessment___ Other___

Thank you for your attention to this request, I look forward to hearing from you.

(parent/guardian/student over 18)