

Patty Parent]
[500 Main St.]
[Any Town, MT] [59000]
Phone: [406-555-5555]

[DATE]

[Name of Principal]
[School Address]
[City, State Zip Code]

VIA CERTIFIED MAIL (No. _____)

Re: Independent Educational Evaluation for [insert child's name], DOB: [insert date of birth]

Dear [Mr./Ms.] [Name of Principal],

I am writing as the educational rights holder for [insert child's name] ("Student") who attends the [insert grade] grade at your school and is currently eligible for special education. I am writing to formally request an Independent Educational Evaluation (IEE) of Student at public expense under the provisions of the Individuals with Disabilities Education Act (IDEA). I am requesting an IEE because I disagree with the District's evaluations of Student.

I am specifically requesting an independent education evaluation completed by a private evaluator in the following areas and to address the following concerns:

[list assessment areas and concerns].

If the District has adopted written criteria for conducting IEEs, please provide them to me within the next ten business days. If I hear from you, I will follow any allowable criteria regarding the qualifications of the independent evaluator. If I do not hear from you, I will assume you have not adopted any district criteria and will then set up the appointments and arrange to have the school district billed. You can reach me at: (phone number) and/or (email). Thank you in advance for your anticipated cooperation in this matter.

Sincerely,

[insert your name]

c: [insert name of district special education director – send copy of this letter to this person]