

## ***Request For Independent Education Evaluation***

Jane Parent  
123 Any Street  
Any Town, MO 54321  
(987) 654-3210

June 1, 2004

Emma Boss, Principal  
Your School  
School Address  
City, State, Zip Code

Reference: Your child's name  
DOB:  
School: (school name)

Dear Mr. Boss,

My daughter, (your child's name), was evaluated for Special Education services in (month eval was conducted) and the district's finding were sent to me in a letter dated (insert date).

While many areas were considered as "weaknesses" and she was labeled "at risk" she did not qualify to receive special education and related services through an individualized education plan (IEP).

I disagree with these findings and would like to request an Independent Education Evaluation, at public expense. I would also like to be provided with any requirements that may pertain to an IEE, such as a list of known providers or any caps that may be in place.

I look forward to receiving your written response within the next 10 days.

Please make this request and your written response a part of my daughter's permanent educational record.

Sincerely,

cc: Special Education Administrator  
MPACT representative

*Adapted from Wrightslaw, From Emotions to Advocacy.*