

Your Name
Your Address
City, CA Zip
Your Phone
Your Email

Date

Name
Director of Special Education
xxx Unified School District
Address
City, CA

Re: Student's Name

Dear xx:

We have reviewed the psychological, physical therapy, occupational therapy, speech and language evaluations of our son/daughter, Name, which were completed by District personnel. We disagree with the District's assessment and believe the evaluations are not adequate. We plan to obtain an independent educational evaluation at public expense.

As soon as the independent assessment is completed, we will submit the bill and reports to you so that they may be available for the IEP Team's review.

Sincerely,

Your Name