date

Mr. Smith

Director of Special Services

Noname Public School District

555 Avenue

Your town, your state, zip code

Dear Mr. Smith:

The purpose of this letter is to request an Independent Evaluation for my child: *First Name, Last Name, DOB, grade, Teacher.*

Based on recent evaluation by the Child Study Team, it is apparent that my child is in need of additional testing in the area of: *neurological, psychiatric, educational, cognitive, speech, occupational therapy, Autism evaluation*

-or-

Based on recent evaluation by the Child Study Team, I am not in agreement with findings and would like for the following evaluations to be completed: *neurological, psychiatric, educational, cognitive, speech, occupational therapy, Autism evaluation*

I would like this evaluation completed by: *Name of Professional, credentials, address and contact information*

I look forward to speaking with you soon. I can be reached at 555-555-5555

Sincerely,

Concerned Parent