

ALLISON ROBERTSON
Special Education Consultant
San Diego, California 92120
Tel.: 951.380.2091

(Date)

(Principal's Name/Teacher's name)

(School Name)

(School District Name)

Re: (Student)

Sent via: (in person/email: state the email address sent)

Dear (Name),

I am the (parent/guardian) of (student), who is (age) years old and currently enrolled in (Grade Level) at (School Name). (Child's name) has been evaluated for (select all that apply: SAI, OT, SLP, PT, APE, etc.) services and I disagree with the district's findings. I am requesting an independent educational evaluation in the area of (select all that apply: SAI, OT, SLP, PT, APE, etc.).

Please send a list of approved providers as soon as possible. I will select a provider(s) and get back to you with my selection.

Thank you.

Sincerely,

(Name)