

Appendix 4-2

Letter Requesting An Independent Evaluation*

(Be sure to keep a copy for your records)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal):

We are the parents of (name of student). We disagree with the results of the evaluation of (name of student) on (date) because (reason why you feel the tests were invalid, inadequate or not an accurate measure of your child's performance).

We would like an independent evaluation to gather the valid and reliable information we need to plan an appropriate educational program for our child. Please send us information on: (a) criteria for qualified examiners; (b) suggested sources and locations for examiners; (c) procedures for reimbursements; and (d) reasonable and expected costs.

We understand that the school must pay for the independent evaluation unless it can prove in a due process hearing that its assessment is appropriate. Please inform us in writing within seven days regarding your intention to honor our request or to request a hearing on the issue.

We will forward the results of the evaluation to you because, as we understand it, the results of an independent evaluation must be considered in any future decisions about our child's education.

Thank you. We look forward to hearing from you soon.

Sincerely,

(Your name)

(Your address)

(Your telephone number)

*All materials so designated in this section are taken from *Parent Manual - Education For Your Handicapped Child*, Advocacy Incorporated, Austin, Texas, 1979. Materials have been revised to conform with Michigan law.