

**Project HEAL at KKI: Sample Letter Requesting an Independent Evaluation**

Parent/Caregiver Address  
Parent/Caregiver Phone Number  
Date

Name of Principal  
Name of School  
Address of School  
City, State, Zip code

Re: \_\_\_\_\_ (Name of Student); Requesting an Independent Evaluation

Dear (Name of Principal):

I am the parent/caregiver of \_\_\_\_\_ (Name of Student), whose date of birth is \_\_\_\_\_. My child attends the \_\_\_\_\_ (grade level) grade at \_\_\_\_\_ (Name of School).

I am requesting that \_\_\_\_\_ (Name of School District) agree to pay for an independent evaluation of my child. I believe that \_\_\_\_\_ (Name of School District)'s evaluation was not appropriate because

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(Explain the reasoning).

I understand that if \_\_\_\_\_ (Name of School District) denies my request for an independent evaluation, it must file for a due process hearing. Please contact me at your earliest convenience to inform me whether an independent evaluation will be completed or whether a due process hearing will be scheduled.

Should you have any questions or problems with this request, please contact me at \_\_\_\_\_ (home phone number) or \_\_\_\_\_ (work phone number). The best time to reach me is \_\_\_\_\_ (indicate time of day).

Thank you for your prompt attention to this matter.

Sincerely,

(Name & Signature of Parent/Caregiver)

Cc: Name & Department of Kennedy Krieger Institute staff person(s) working with your child.

**KEEP A COPY OF THE REQUEST FOR YOUR RECORDS.**