{{ format\_date(today()) }}

{{ school.recipient }}

{{ school.name }}

{{ school.address.block() }}

**Re: Requesting Independent Evaluation for {{ student.name }}; Date of Birth: {{ student.birthdate }}**

Dear {% if school.recipient.name %}{{school.recipient.name.full() }}{% else %}To Whom it May Concern{% endif %}:

I am {% if (requestor.right\_to\_send == “Student”) %} {{ student.name}}{% else %}the {{ requestor.right\_to\_send }} of {{ student.name }}{% endif %}, a {{ student.grade }} {% if (student.grade != “Pre-K”) and (student.grade != “Kindergarten”) and (student.grade != “soon-to-be”) %} grade {% endif %}{% if student.grade != “soon-to-be” %} student at your school{% else %}student in your district{% endif %}. Under the Massachusetts Special Education regulations and IDEA, I request an independent special education evaluation for my child in the following areas:

* {%p for key in selected\_evaluations %}
* {%p if selected\_evaluations[key] %}
* {{ key }}
* {%p endif %}
* {%p endfor %}
* {%p if selected\_evaluations['Other'] %}
* {%p for item in custom\_evaluations %}
* {{ item }}
* {%p endfor %}
* {%p endif %}

{%p if date\_of\_disagreement\_less\_than\_16months %}

{%p if free\_or\_reduced\_lunch %}

{{ school.name }} is requested to fund the evaluation(s) under 603 CMR 28.04(c). {{ student.name }} is eligible for free or reduced lunch and income documentation is not required.

{%p endif %}

{%p if comfortable\_sharing\_income and below\_400\_percent %}

{{ school.name }} is requested to fund the evaluation(s) under 603 CMR 28.04(c). {{ student.name }}'s family’s anticipated annual income is below 400% of the federal poverty guidelines. Proof of household income will be provided.

{%p endif %}

{%p endif %}

{%p if not date\_of\_disagreement\_less\_than\_16months or (date\_of\_disagreement\_less\_than\_16months and not free\_or\_reduced\_lunch and not comfortable\_sharing\_income) or (date\_of\_disagreement\_less\_than\_16months and comfortable\_sharing\_income and not below\_400\_percent) %}

{{ school.name }} is requested to fund the evaluation(s) under 34 CFR 300.502(b). {{ school.name }} may request a hearing to prove that the evaluation is appropriate, but must not do this with undue delay.

{%p endif %}

I request that you provide authorization to the following evaluator(s).

1. {%p for person in evaluators %}
2. {{ person }}
   1. {%p if person.address.address %}
   2. Address: {{ person.address.on\_one\_line() }}
   3. {%p endif %}
   4. {%p if person.license\_number %}
   5. License number: {{ person.license\_number }}
   6. {%p endif %}
   7. {%p if person.hourly\_rate%}
   8. Hourly rate: {{ currency (person.hourly\_rate) }}
   9. {%p endif %}
3. {%p endfor %}

I expect to receive either an approval of the above-requested independent evaluations or notice of the school’s formal challenge of the need for the requested independent evaluations within five school days of receipt of this request.

{%p if requestor.language != “English” %}

I do not speak or read English and had help writing this letter. Please provide copies of all paperwork, forms and evaluations to me in English as well as {{ requestor.language }}. Also, please have a qualified interpreter fluent in {{ requestor.language }} and in English for all future meetings.

{%p endif %}

{%p if student.language != “English”%}

In addition, my child is not fluent in English. Please conduct all evaluations of my child in {{ student.language }}.

{%p endif %}

Thank you for your attention to this matter. Please contact me at {% if requestor.phone\_number %}{{ requestor.phone\_number }}{% else %}{{ requestor.email }}{% endif %} with any questions or concerns.

Sincerely,

{{ requestor.signature }}

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{{ requestor.name.full() }}

{{ requestor.address.block() }}

{%p if requestor.phone\_number %}

{{ requestor.phone\_number }}

{%p endif %}

{%p if requestor.email %}

{{ requestor.email }}

{%p endif %}