**Date:**

**Name of CSE Chairperson/Special Education Director/PPS Director**

**Name of School**

**Address of School**

**City, State, Zip Code**

Dear **(*Insert* CSE Chairperson/Director of Special Services/PSS Director Name):**

My name is **Your Name**, my child’s name is **Child’s Name**. Theyattend **Name of Child’s School** and is in the **Grade**. I disagree with the evaluations performed by your district on my child (listed below). Pursuant to NYS Education Law Part 200.5 (g), I am requesting an Independent Educational Evaluation at district expense.

The evaluations and assessments with which I disagree are:

**Evaluation/Assessment Name Date of Assessment**

**Evaluation/Assessment Name Date of Assessment**

**Evaluation/Assessment Name Date of Assessment**

Sincerely,

***Signature***

**Parent Name**

**Address**

**City, State, Zip Code**

**Phone Number**

**E-Mail address**

cc:**(List of other people to whom you are sending a copy of this letter**)

*Reminder: A parent should keep a copy of the signed letter with the date that the letter was provided to the school.*