

[Your Name]  
[Your Address]  
[Your Telephone Number]

***DELETE THIS SECTION: E-MAIL, FAX OR HAND-DELIVER THE LETTER. BE SURE TO KEEP A COPY OF THE FAX TRANSMITTAL PAGE. IF YOU HAND DELIVER BE SURE TO WRITE THE FIRST AND LAST NAME OF THE PERSON YOU GAVE THE LETTER TO, AND THE DATE AND TIME ON YOUR COPY.***

[Insert Date]

[Name of School]  
[Person You Spoke To/Met With]  
[Address]

RE: [Your Child's Name/Grade]

Dear \_\_\_\_\_,

Regarding our telephone conversation today (or meeting) this will confirm that *(insert a summary or bullet list of what all was agreed or not agreed to and/or discussed during the telephone conversation or meeting.*

Please advise if this is not your understanding of the telephone conversation (or meeting).

Sincerely,

(Your Name)

[Your Name]  
[Your Address]  
[Your Telephone Number]

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[Insert Date]

[Principal or ARD Facilitator]  
[Name of School]  
[Address]

RE: [Your Child's Name/Grade]

Dear (Principal's or Facilitator's Name),

I received notice that an ARD meeting has been scheduled for my child, for (date). I will not be able to attend the meeting because (state reason).

It is important that I participate and have input into the decisions made at the ARD meeting and I can arrange to meet with the rest of the ARD committee on (days) between (give a range of time, such as between 8:00 a.m. and 10:00 a.m.). Would any of these time be convenient for the rest of the committee?

Thank you for your help.

Sincerely,

(Your Name)

cc: Your child's principal (if letter is addressed to the facilitator)

***Please place a copy of this correspondence in (Child's Name)'s special education file.***

Your Name  
Your Address

Date

Name of Principal  
Name of School  
Address of School

*Via: Hand-Delivery, E-Mail or Fax*

***RE: IEP Request***

Dear (Name of Principal):

I am writing to request an ARD review meeting. I would like to discuss making some possible changes in (child's name)'s IEP. I am concerned about (state your reasons, but don't go into detail about the specific changes you want to make-save those for the meeting).

I would also like to have (name of specialist or other staff) attend. I think his/her/their ideas about the changes we may need to make will be valuable.

I can arrange to meet with you and other member of the ARD committee on (days) between (give a range of time, such as between 2:00 and 4:00). Please let me know what time would be best for you.

I look forward to hearing from you within 5 days to let me know if the ARD meeting will be scheduled. Otherwise, I will expect written notice explaining why the district refuses to convene a meeting.

Thank you for your help.

Sincerely,

Your name  
Your telephone number  
Your e-mail address

Your Name  
Your Address

Date

Name of Principal  
Name of School  
Address of School

***Via: Hand-delivery or E-Mail***

***Re: Initial Evaluation Request; Your Child's Name; Grade; DOB***

Dear \_\_\_\_\_,

I am the parent of (name of student), a student at your school. I have concerns that my child may have a disability and is in need of special education services. I am particularly concerned about (List all areas you see producing problems at school that you wish to be considered).

I am requesting that my child be assessed for both, special education under the Individuals with Disabilities Education Act (IDEA), as well as whether s/he has a disabling condition under Section 504 of the Rehabilitation Act.

It is my understanding that the evaluation is to include all areas related to the suspected disability, and is to gather relevant functional, developmental and academic information about my child.

It is my understanding that the testing instruments selected need to be appropriate for my child and his/her suspected disabilities, so that accurate data can be gathered in order to make appropriate decisions regarding my child's educational program. Before the evaluation, I would like to know more about the tests to be given, the testing process, and the date of the evaluation. I would like to know the name of the evaluator(s) and the person who will observe \_\_\_\_\_ under classroom conditions and other locations/situations in the school. I believe it will be important that the evaluation include a complete assessment to rule out the possibility of a specific learning disability.

I understand that part of the evaluation process includes information provided by the parent(s). I will be happy to provide information about my child's history, strengths, and needs to the evaluators(s).

It is also my understanding that per 34 CFR §300.306, as \_\_\_\_\_'s parent(s), I/we am/are part of the group that determines whether our child is a child with a disability and needs special education and related services. I/We expect to be included in all communications and/or meetings regarding the determination of eligibility of my/our child.

I understand that the evaluation must be completed within 45 school days from the date I have signed consent for evaluation.

I thank you for the time you will take to consider the needs of (student's name) and I look forward to working with you and the assessment team over the next 15 days to develop an effective assessment plan for him/her. I would be happy to discuss any questions you may have regarding the above or to supply additional information, so please do not hesitate to contact me.

Sincerely,

Your Name  
Telephone Number  
E-mail Address

***Please place a copy of this correspondence in \_\_\_\_\_'s permanent education file.***

Your Name  
Your Address

Date

Name of Principal  
Name of School  
Address of School

***Via: Hand-delivery or E-Mail***

***Re: Name of Child; Upcoming ARD meeting on \_\_\_\_\_***

Dear \_\_\_\_\_,

As you know we have an ARD meeting scheduled for \_\_\_\_\_ to discuss my/our child's educational program. In order that I/we may fully participate in the meeting I/we am/are requesting that I/we be provided with the following at least 5 business days before the ARD meeting: a copy of the draft IEP (including any supplements), each assessment, report, data chart, or other document the team plans to discuss at the meeting.

I/we prefer that these documents be provided to us by e-mail. If this is not possible, please contact me so that arrangements can be made for them to be picked up.

Thank you for your assistance in this matter. I/we look forward to working collaboratively to develop an appropriate education plan for my/our child.

Sincerely,

Your Name  
Telephone Number  
E-mail Address

***Please place a copy of this correspondence in \_\_\_\_\_'s permanent education file.***