



Together, We Can Make A Difference
Office 770-577-7771 Toll Free 1-800-322-7065
www.peppinc.org

Letter Samples

Sample #1 Letter Requesting Records from School

Date

Name of Teacher and/or Principal

Name of School

Address of School

Dear (Name of Teacher and/or Principal),

My (son/Daughter), (child's name), is a student at (name of school). I am requesting to review all of my child's records to include: teacher's files, discipline files, attendance records, special education records, and any other files, records, or documents that may be kept pertaining to my (son/daughter). Please inform me in writing of what types of records/files you maintain on (name of child), where these records are kept, and when I can review them and have copies made.

I look forward to hearing from you within 10 days.

Sincerely,

(sign your name here)

Your name

Your address

Your Telephone number

Letter Requesting an Initial Evaluation

Date

Name of Special Education Director and/or Teacher

Name of School District (ex: Fulton County School System)

Address of School District

Dear (Name of Special Education Director and/or Teacher),

I am the parent of (child's name) who is in the (grade) at (name of school). I am requesting a full evaluation to include vision, hearing, social, behavioral, psychological, fine and gross motor, speech and language achievement, reading, math, etc. (Name of child) has been having some problems in school and may need special education or related services. (You may add any details you feel they need to know).

I am waiving my parental rights to the Student Support Team process. Please inform me in writing who will be performing the evaluations, when the evaluations will take place and which tests will be administered to my (son/daughter).

Thank you for your prompt attention to this matter. I look forward to hearing from you within 10 days.

Sincerely,

(sign your name here)

You Name

Your Address

Your Telephone Number

Sample #3

Letter Requesting Re-Evaluation

Date

Name of Principal and/or Teacher

Name of School

Address of School

Dear (Name of Principal):

I am the parent of (child's name). I recently reviewed my child's evaluation and it is (out of date, incomplete, inappropriate due to growth and changes, etc.) I request that my child be re-evaluated. Please tell me in writing who to contact to schedule a re-evaluation.

Thank you for your help. I look forward to hearing from you soon.

Sincerely,

(sign your name here)

Your Name

Your Address

Your Telephone Number

Sample #4

Letter Requesting Services

Date

Name of Principal

Name of School

Address of School

Dear (Name of Principal),

I am writing to request that an Individualized Educational Planning Committee meet to consider providing special education programs and services for my child, (child's name). I believe my child may have a disability and be eligible for special education because (describe the evidence that supports giving special education to your child, such as physician's reports, private evaluation etc.)

Please advise me by (date) when the referral for a complete evaluation will take place, who will be performing the evaluation and which test will be given so that I may give my consent, and when the IEP meeting will be held.

Sincerely,

(sign your name here)

Your Name

Your Address

Your Telephone Number

Sample #5

Letter Requesting Additional Testing

Date

Name of Principal

Name of School

Address of School

Dear (Name of Principal),

I am the parent of (child's name). I have studied the reports of the school's evaluation of my child and feel that (he/she) was not evaluated in every area of suspected disability. I believe additional testing is needed in the area of (list areas needing further testing). Please tell me in writing who will be performing the additional testing, when the testing will take place, and what tests will be administered to my (son/daughter).

Thank you for your help. I look forward to hearing from you within 10 days on this matter.

Sincerely,
(sign your name here)

Your Name

Your Address

Your Telephone Number

Sample #6

Letter Requesting an IEP Meeting

Date

Name of Principal and/or Teacher

Name of School

Address of School

Dear (Name of Principal and/or Teacher),

I am the parent of (child's name). I am requesting that an IEP meeting be held for my (son/daughter) to discuss (issues that need to be addressed at meeting). I would be available to meet with you on (give three dates that are convenient for you). Please advise me of which date would be best for you.

I look forward to hearing from you within 10 days.

Sincerely,

(sign your name here)

Your Name

Your Address

Your Telephone Number

Sample #7

Letter Requesting Monitoring Information

Date

Name of Superintendent

Name of School System (ex. Fulton County School System)

Address of School System

Dear (Name of Superintendent),

Please advise me of the date the (Name of County) County School System's Special Education Program was last monitored. Also, please send me a copy of the Monitor's report and the school systems response(s). Thank you for your help in this matter.

Sincerely,

(sign your name here)

Your Name

Your Address

Your Telephone Number

Sample #8

Letter Requesting a Due Process Hearing

Date

Name of Superintendent
Address of School System

Dear (name of superintendent),

The purpose of this letter is to request an impartial due process hearing for (child 's name), born on (date of birth), and enrolled at (name of school). We are requesting this hearing because (name of child) is not receiving a free appropriate education.

Please advise us of the procedures to follow in preparing for the hearing and the date and location of the hearing.

Sincerely,
(sign your name here)

Your Name
Your Address
Your Telephone Number