



PEPP, INC
Parents Educating Parents and Professionals

PO Box 5128
Douglasville, GA 30154

770-577-7771 • **www.peppinc.org**

LETTER SAMPLES

Letter Requesting Records from School

Date

Name of Teacher and/or Principal

Name of School

Address of School

Dear (Name of Teach 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 me 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 fro you within 10 days.

Sincerely,
(sign your name here)

Your name

Your address

Your Telephone number



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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 tails 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)

Your Name

Your Address

Your Telephone Number



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Letter Requesting Re-Evaluation

Date

Name of Principal and/or Teacher

Name 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 I recently reviewed my child's evaluation and it is (out of date, incomplete, inappropriate due to growth and changes, etc.)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**



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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 because 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 IRP meeting will be held.

Sincerely,
(sign your name here)

Your Name
Your Address
Your Telephone



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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 the 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



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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