Request for IEP Meeting and IEP Services During COVID-19

Date:

Delivered by: ☐ Email   ☐ Fax   ☐ U.S. Mail

To Special Education Director:
School District:
District Address:
Email:

Re:
Date of Birth:
Name of School:
Grade:

Dear Director of Special Education:

I am concerned my child is not receiving an appropriate education and is not receiving equal access to their education during remote instruction. I would like to discuss special education instruction and related services for my child during the COVID 19 crisis. I am writing to request an IEP meeting to be held within 30 days

My child has experienced challenges and regression during remote instruction. (describe)

I believe my child needs additional special education services, accommodations and supports in order to receive a free appropriate public education during this difficult time. I am requesting (select all that apply):

☐ Special Education Instruction
☐ 1:1 paraprofessional aide support
☐ Assistive Technology
☐ Technology/Devices/Web Access
☐ Speech/Language therapy

☐ Occupational therapy
☐ Physical therapy
☐ Social work
☐ Nursing/Health Supports
☐ Behavioral Support
☐ Mental health services/counseling
☐ Vision or hearing services
☐ Early Intervention services (for students 3-5 years of age)
☐ Transition services (for students 16-22 years of age)
☐ Accessible materials
☐ Other accommodations
☐ Parent Consultation/Support (technology, behavior, therapy, etc.)
☐ Other:

In order to benefit from special education during this crisis, I request the district consider providing services to my child in the following way(s) (select all that apply):
☐ Direct virtual (online) group services
☐ Direct virtual (online) individual (1:1) services
☐ At home, in-person services
☐ In school, in-person services
☐ Other:

I request that you send me a prior written notice of the school district's decision and the reasons for any decision, if the district decides to deny my requests. I look forward to meeting with you to discuss my child's IEP.

Sincerely,

Signed:

Parent/Guardian/Educational Rights Holder name:
Address:
Telephone:
Email:

*Keep a copy for your own records.