

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Parent name & address

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Diagnostician, Principal or Director of Special Education  
Name & address

To Whom It May Concern:

My child, \_\_\_\_\_, has an I.E.P. pursuant to the Individuals with Disabilities Education Act. I am writing because I do not believe the following part(s) of my child's IEP is/are being followed:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please allow this letter to document these concerns and to request that necessary steps be taken to ensure that school staff members follow my child's IEP. Please contact me at \_\_\_\_\_ if you have any questions or need additional information. Thank you.

Sincerely,

\_\_\_\_\_  
Parent/Guardian