

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 requesting that you convene an I.E.P. meeting to discuss some concerns that I have. Specifically, I would like the I.E.P. meeting to address the following topic(s):

1. _____

2. _____

3. _____

4. _____

Please contact me at _____ if you have any questions, need additional information, or to select a mutually agreeable date. Thank you.

Sincerely,

Parent/Guardian