First Name Last Name

Address

Cell phone

Email

To: Special Education Coordinator at [Name of School of Residence]

From: Parents of [INSERT STUDENT NAME]/ DOB:

School of Residence: [look at school identifier]

School of Attendance: [INSERT PRIVATE SCHOOL NAME]

Our child, [INSERT STUDENT NAME] attends [INSERT PRIVATE SCHOOL NAME] solely because [INSERT NAME OF DISTRICT] did not offer our child an appropriate educational program including placement and related services that would meet the full range of his/her/they needs.

We are hoping that that for the summer of 2023 [INCLUDE ONLY IF SUMMER SCHOOL AKA ESY- EXTENDED SCHOOL YEAR IS APPLICABLE TO YOUR CHILD] 2023-2024 school year an appropriate program will be offered. To that end, we are requesting that an IEP be held to plan [INSERT CHILD’S NAME] education for the summer of 2023 and for the 2023 -2024 school year.

All of my/our contact information is above.

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[INSERT YOUR NAME], Parent to [INSERT CHILD’S NAME] DATE