DATE OF LETTER

Name of LEA

Address of LEA

Town, State Zip of LEA

RE: CHILD’s Full Name

Dear IEP Team Leader,

I am/We are looking forward to my/our upcoming IEP meeting. I/We felt the information I/We discussed, as a Team, at the last meeting on DATE was not clearly reflected in the new IEP. I/We would like to express my/our Parent Concerns typed out and I/We will also send in an electronic copy *so that you can just copy and paste it into the Parent Concerns section of the IEP*.

I am/We are pleased that CHILD continues to make progress within the academic setting. When I/we look back over the time CHILD has been in your program, I/we realize how far my/our child has come even if week to week it can feel slow. However, CHILD 's academic, behavioral, communication, functional (FM, GM, Neuro-Motor), and social skills continue to be my/our main priorities. I/We hope that I/we can continue to have a good balance of CHILD making progress in these areas while learning and remaining safe.

As a member of CHILD’s academic Team, I/we would like to include that a daily communication book for all service providers utilize in order for us to assist in follow though at home and a method to have the data available to the Team at a glance to see trends and in case his doctors ask for it. I/We practice CHILD’s ADLs at home, daily, and all family members are helping, and not doing it for CHILD.

The following is a list of my/our parent concerns in the following areas:

(Eliminate Sections If No Concerns Found)

|  |  |
| --- | --- |
| **Subject Matter** | **Concern** |
| *Academics:* | List specific concerns in each area i.e. math, language, reading, writing, etc. |
| *Behavioral/Social:* | CHILD’s diagnoses of (list) interferes with learning and I/we want to be certain that CHILD’s Attached behavioral plan lists the learning strategies being used to help CHILD stay on task, follow rules and complete non-preferred activities. i.e. If Behavioral difficulties are a concern, make sure a written Behavioral Plan is completed and attached to IEP done by a BCBA |
| *OT:* | Fine Motor, Visual Difficulties, Auditory, Sensory, etc. |
| *PT:* | Environmental safety, coordination, motor planning, etc. |
| *SP:* | Auditory Processing, Articulation, Social Pragmatics, etc. |

If the area of concerns were not tested then, at the Team Meeting make a request for missing evals and have a statement placed in IEP. Such as “A school TYPE OF EVAL (Behavior, academic, OT, PT, SP) evaluation and/or outside Evaluation will be completed regarding WHAT AREA skills.”

I/We feel the information I/We expressed here in this letter are my/our Parent Concerns typed out. I/We will also provide an electronic copy *so that you can just copy and paste it into the Parent Concerns section of* my/our *child’s IEP*. I/We look forward to this meeting and hope anew IEP will be developed to support all my/ourCHILD’s needs for continued success within this academic setting.

Sincerely,

(SIGN HERE)

PRINT NAME