Parent Input and Concerns for:

(Child’s Name)

Date:

IEP Team,

I/We look forward to working with the team on our child's IEP. Please include our parent input and concerns in the IEP as written.

Strengths:

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Concerns:

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Remedies:

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Sincerely,

(Parent/Guardian’s Name)
Dear Team,

My child attends school at _________________________ and is in the _____ grade. With this letter, I am respectfully making requests that I believe are appropriate for my child’s education. Please see below:

☐ Schedule an IEP meeting  or  Schedule a meeting with: ________________________________
The best dates for me/us are: ________________________________________________________

☐ Provide a qualified interpreter in order for me to have meaningful participation in meetings.
Provide me a copy of my child’s IEP in the language I read which is _________________________.
I need this to have meaningful participation in my child’s education.

☐ Conduct all necessary evaluations/assessments to determine if my child qualifies for Special Education Services based on the Individuals with Disabilities Education Improvement Act (IDEA 2004).

☐ My child is eligible for special education under the category of ______________________________ but I believe he/she needs to be evaluated to determine services needed in the area of______________________________.

☐ I would like to request an Independent Educational Evaluation at public expense, because I disagree with the District’s evaluation in the area of ___________________________ conducted on ___________________. Please send me a copy of the written criteria for independent evaluations. Please include a written list of independent evaluators I may consider.

☐ Please conduct a Functional Behavior Assessment with my input to inform development of a Positive Behavior Support/Intervention Plan.

☐ Please conduct an Assistive Technology evaluation for my child

☐ Please conduct an Augmentative Communication evaluation for my child.

☐ Please consider our child for an accommodation plan pursuant to Section 504 of the Rehabilitation Act.

Thank you for your support and commitment to my child’s education. I look forward to hearing from you soon and continuing to work together. Please respond to this letter within 10 school days to provide notice of your decision, and consent forms if applicable.

Thank you in advance for your collaborative efforts to provide our child with a quality education!

Respectfully,

My phone number is:
My email address is:
My mailing address is:

FACT Oregon Template (Sept 2016)  www.factoregon.org
Hopes, Dreams, and Expectations for

A Person-centered Profile

All About Me
<table>
<thead>
<tr>
<th>Strengths/Gifts/</th>
<th>What Works</th>
<th>What Doesn’t Work</th>
</tr>
</thead>
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<td><img src="image2" alt="Happy" /></td>
<td><img src="image3" alt="Sad" /></td>
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</tbody>
</table>

All About Me