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Parent name & address

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

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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,

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Parent/Guardian