Forms and Samples

1. Confirming a Phone Conversation – Sample Letter
2. Log Sheet - Form
3. Records Request – Form Letter
4. Request for District Rules and Policies – Form Letter
5. Request for IDEA and 504 Evaluations – Sample Letter
6. Request for IDEA and 504 Evaluations – Form Letter
7. Request for IEP Team Meeting – Form Letter
8. Request for Special Education Due Process Hearing – Sample Letter
9. Request for Informal Conference – Form Letter
10. Request for Discipline Hearing – Form Letter
11. Appeal of Discipline Hearing Decision – Form Letter
Sample Letter: Confirming a Phone Conversation

December 15, 2007

Ms. Jane Doe
Principal
ABC Elementary School
1234 5th Avenue
Anywhere, WA 00000

Re: John Smith, date of birth 12/28/95

Dear Ms. Doe:

Thank you for speaking with me on the phone yesterday. I appreciate you taking the time to schedule a call about my foster son, John Smith. I am writing to confirm the things we talked about.

As we discussed, I am concerned that John is not receiving the individual help he needs to make progress in math. John’s Section 504 plan requires him to have one-on-one math tutoring twice a week. John says he has not seen his tutor, Ms. Anderson, for three weeks.

In our conversation, you agreed to check with Ms. Anderson and John’s classroom teacher, Mr. Parks, about whether or not John has been receiving individual help with math. You also agreed to call me by the end of this week to tell me what you found out.

Thank you for your help in this matter. I look forward to speaking with you. You may contact me at (555) 555-5555.

Sincerely,

George Johnson
Foster/Surrogate Parent
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Records Request

Date: ________________________________

To: __________________________________

____________________________________

Dear ____________________:

I am writing to request educational records for
____________________________________ (student’s name).

Please send the following to me at the address below:

☐ All academic progress reports, including grade reports and
  standardized test results
☐ All attendance reports
☐ All disciplinary reports, including referrals and notices of
  suspension and expulsion
☐ All documentation, correspondence, and emails regarding
  consideration for special services
☐ Evaluations, plans (IEP and 504), and all other
  documentation regarding special education and Section
  504 eligibility and services.
☐ Other____________________________________

____________________________________

Attached is an authorization to release these records to me.
If you have any questions, please contact me at

Phone: _____________________________

Address: ___________________________

____________________________________

Sincerely,

____________________________________

(Signature)
Request for District Rules and Policies

Date: ______________________________

To: ______________________________

______________________________

______________________________

Dear ____________________________:

I am writing to request a copy of the school district policies regarding the following:

☐ Rules defining student misconduct and penalties, including exceptional misconduct
☐ Rules explaining petitions for readmission for suspended or expelled students
☐ Rules outlining how to make complaints against teachers or administrators
☐ Rules regarding the referral and evaluation of students for special education or special services under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973
☐ Other: ______________________________

I am making this request pursuant to Chapter 28A.600 of the RCW and Chapters 392-400 and 392-172A of the WAC. Please send these rules and policies to me at

Phone: ______________________________

Address: ______________________________

______________________________

Sincerely,

__________________________________

(Signature)
December 15, 2007

Ms. Jane Doe - Principal
ABC Elementary School
1234 5th Avenue
Anywhere, WA  00000

Re: John Smith, date of birth 12/28/95

Dear Ms. Doe:

I am writing with regard to John Smith, a student in your school. I am John’s foster parent, and I believe that he has several impairments that interfere with his ability to learn. I am requesting that the school district evaluate John for special services under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973.

I am concerned that John might need special education or services in two areas: reading, and his ability to concentrate on a task.

With regard to reading, I have noticed on several occasions that John will not read materials when they are given to him. He later learns the contents of the materials by asking questions of others who have read them.

As for his attention problems, I have found that John has a hard time staying on task. When asked to complete a chore at home, such as taking out the trash, he will start to do it, but within several minutes he becomes distracted. When I remind him that he has a job to do, he usually gets upset and refuses to finish.

John’s counselor at CDF Mental Health Clinic, David Davidson, is also concerned that John does not read well and may have a disability such as Attention Deficit Disorder. I have enclosed a copy of Mr. Davidson’s progress report for John.

I understand that you need consent to proceed with the evaluation. Please contact me as soon as possible to start this process.

Thank you for your prompt attention to my concerns. If you have any questions, I may be reached at (555) 555-5555.

Sincerely,

George Johnson - Foster Parent
Request for IDEA and Section 504 Evaluations

Date: ________________________________

To: __________________________________

____________________________________

____________________________________

____________________________________

Student __________________________________

Dear ________________________________:

I am requesting that the school district evaluate student, ____________________________ [insert student’s name], for special services under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973.

I am concerned about the student for the following reasons:

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

Attached are records that describe some of these concerns.

Thank you for your prompt attention to my concerns. If you have any questions, please call me at __________________.

Sincerely,

____________________________________

(Signature)
Request for IEP Team Meeting

Date: ______________________________

To: ______________________________

______________________________

Dear __________________________:

I am writing to request an IEP Team meeting regarding
______________________________ [insert student’s name], a child in
my care. As a member of the IEP Team, I have concerns that I
feel must be addressed by the entire team. The following is a
list of my concerns:

______________________________

______________________________

______________________________

______________________________

______________________________

Thank you for your prompt attention to my concerns. If you
have any questions or need to know my availability to schedule
an IEP meeting, please call me at ________________.

Sincerely,

______________________________

(Signature)
June 1, 2007

Office of the Superintendent of Public Instruction
Administrative Resources Section
Old Capitol Building
P.O. Box 47200
Olympia, WA  98504

Re:  Formal Request for Special Education Due Process Hearing

NAME OF STUDENT  (D.O.B. 1-2-00)
NAME OF SCHOOL DISTRICT

To Whom It May Concern:

We/I am requesting an administrative due process hearing on behalf of our/my son/daughter, NAME OF STUDENT. I believe the NAME OF SCHOOL DISTRICT has violated my child’s rights pursuant to the Individuals with Disabilities Education Act , 20 U.S.C. 1400, et seq. as amended by P.L. 108-446, and its implementing regulations; Title II of the Americans with Disabilities Act;  Section 504 of the Rehabilitation Act of 1973; and WAC 392-172A et seq., as amended. Accordingly, I/we are requesting a due process hearing pursuant to my/our rights under WAC 392-172A-05085.

Specifically, I/we believe that the NAME OF SCHOOL DISTRICT has failed to . . .

EXPLAIN THE PROBLEM HERE.

We/I believe the following solutions would resolve our/my concerns: 1) ...2) ...3) ... (i.e. placement in a classroom, provision of a one-on-one trained aide, reimbursement for private school tuition, etc.)
We/I currently reside at (COMPLETE HOME ADDRESS). We/I can be reached by phone at (AREA CODE AND HOME PHONE NUMBER). My child (NAME OF STUDENT) is currently attending (NAME) Elementary/High School and resides within the boundaries of the (NAME) School District.

We/I believe we/I have made reasonable efforts to resolve this matter. (i.e., meetings you have attended, phone calls, letters, etc.) At the present time, we/I have no expectation that our/my concerns will be resolved unless this matter is presented to an impartial hearing officer. We/I would like to request that you assign an Administrative Law Judge to address this matter as soon as possible. If you have any questions or concerns about this request, please feel free to contact me at you nearest convenience. Thank you.

Very truly yours,

YOUR NAME and SIGNATURE
Dear ____________________________:

I have some concerns regarding the school’s recent discipline of a child in my care, and I would like to schedule a conference as soon as possible. My concerns are as follows:

I am making this conference request pursuant to Chapter 392-400 of the Washington Administrative Code. Please call me to schedule the conference.

Please contact me at

Phone: ___________________________
Address: ___________________________

Sincerely,

___________________________________
(Signature)
Request for Discipline Hearing

Date: ________________________________

To: ________________________________
_______________________________
_______________________________

Student ____________________________

Dear ________________________________:

I received the school’s notice of LONG TERM SUSPENSION / EXPULSION/EMERGENCY EXPULSION issued against a child in my care. I would like to request a hearing under Chapter 392-400 of the Washington Administrative Code in order to contest this action. I understand that I may have a hearing within 3 days of making this request. In order to prepare for the hearing, I request copies of the following documents as soon as possible:

- A list of all witnesses the school expects to call at the hearing
- Copies of all documents the school intends to present at the hearing, including witness statements, statements by my child, and statements by building officials
- Copies of all records in my child’s disciplinary file, including referrals, notices of suspension, notices of expulsion, and any behavior intervention or accommodation plans.

Please call me as soon as possible to arrange for the transfer of these copies to me and the date and time of the hearing.

Please contact me at

Phone: ________________________________

Address: ________________________________
_______________________________

Unless this is an emergency expulsion, I understand that the child is entitled to remain in school during the hearing process.

Sincerely,

__________________________________
(Signature)
Date: ____________________________

To: ______________________________________
    ______________________________________
    ______________________________________
    ______________________________________

Student ______________________________________

Dear ____________________________:

I am writing to request an appeal to the school board of the hearing officer’s decision to issue a LONG TERM SUSPENSION / EXPULSION/EMERGENCY EXPULSION against a child in my care. Attached is a copy of the hearing officer’s decision. I expect to hear from the school board within 10 school business days, with respect to how my appeal will be handled. Please call me as soon as possible if you have any questions regarding this notice of appeal.

Please contact me at

    Phone: ____________________________
    Address: ____________________________
    ______________________________________

Sincerely,

_____________________________________
(Signature)