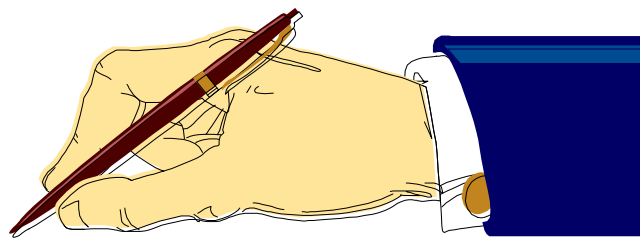


Revised December 2015

*Building  
Communication  
Through  
Letter Writing*



**OHIO COALITION FOR THE EDUCATION  
OF CHILDREN WITH DISABILITIES**

The Ohio Coalition for the Education of Children with Disabilities (OCECD) is a statewide, nonprofit organization that serves families of infants, toddlers, children and youth with disabilities in Ohio, and agencies who provide services to them. OCECD works through the coalition efforts of more than 35 parent and professional disability organizations which comprise the Coalition.

Established in 1972 and staffed primarily by parents of children and adults with disabilities, persons with disabilities, and education professionals, the Coalition's mission is to ensure that every Ohio child with special needs receives a free, appropriate, public education in the least restrictive environment to enable that child to reach his/her highest potential. Throughout Ohio, the Coalition's services reach families of children and youth, birth through twenty-six, with all disabilities.

OCECD's programs help parents become informed and effective representatives for their children in all educational settings. In addition, youth are assisted to advocate for themselves. Through knowledge about laws, resources, rights and responsibilities, families are better able to work with agencies to ensure that appropriate services are received for the benefit of their sons and daughters.



**OHIO COALITION FOR THE EDUCATION OF  
CHILDREN WITH DISABILITIES**

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MARION, OHIO 43302-3741  
(740) 382-5452 • (844) 382-5452 (Toll Free)  
(740) 383-6421 (Fax) • [www.ocecd.org](http://www.ocecd.org)**



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**APPENDIX**

**TERMS AND DEFINITIONS**

**PAGE 53-58**

**"We have proven that promoting educational opportunity for our children with disabilities directly impacts their opportunity to live independent lives as contributing members of society."**

**Senator Jim Jeffords**

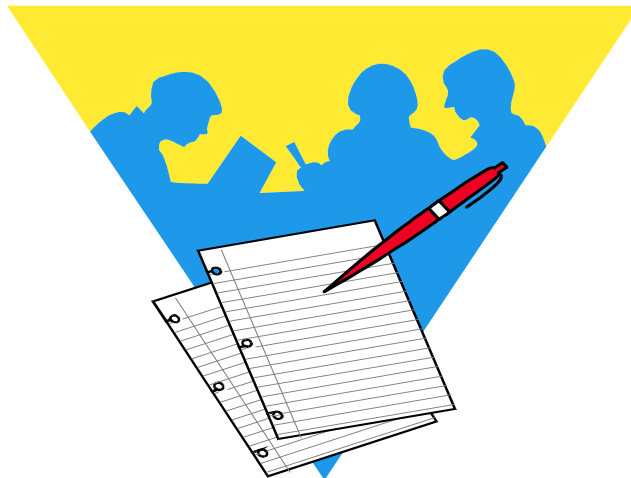


## **INTRODUCTION**

This booklet has been developed in hopes that it may aid in keeping communication open and focused between families and schools. As a guide for structure and appropriate content, we hope it will enable you to become more comfortable with letter writing.

Building communication between you and the school staff through letters offers a way of keeping records of ideas, concerns, and suggestions. Putting your thoughts on paper gives you the opportunity to take as long as you need to state your concerns specifically, to think over what you've written, to make changes, and perhaps to have someone else read over the letter and make suggestions. Letters also give all the people involved with your child's education the opportunity to go over what's been "said" several times. A lot of confusion and misunderstanding can be avoided by writing down thoughts and ideas.

In this booklet you will find general guidelines to writing letters; sample letters; a list of terms and definitions used in the field of special education; a list of acronyms and a guideline for taking notes from meetings or phone conversations.



## **GUIDELINES TO WRITING LETTERS**

There are several different types of letters in this booklet, but they may not meet all your needs. Your particular situation may require a letter that is not given as an example. Listed below are 20 guidelines concerning communication through letters.

1. Place the date you write your letter at the top of the page.
2. Address your letter to whom you are expressing your concern or making your request.
3. Make sure you are spelling the person's name correctly and using their correct title.
4. Be sure you have the correct mailing address.
5. Before you begin writing, ask yourself this question: "Why am I writing this letter?"
6. Be sure to give your child's full name and current class placement.
7. State specifically what your concerns are.
8. State facts briefly, describing situations, without expressing anger, frustration, blame, or other negative emotions.
9. State the questions you have.
10. Be sure there is a question or request in the letter, so that the person to whom you are writing can answer you.
11. State what you would like the person to whom you are writing to do about the situation.
12. State what you want, rather than what you don't want.
13. State what kind of response you want: a letter, a meeting, a phone call, etc.
14. Be sure to give an address and/or daytime phone number where you can be reached.
15. State a specific date or time frame in which you would like to receive a response.
16. Send your letter Certified Mail when you need to assure the person received your letter. You will receive a signed receipt when you use Certified Mail.
17. Send copies of your letter to other individuals when appropriate. Near the bottom of the page, after your signature, type cc: (name(s) of others to receive copies).
18. Remember to request an interpreter if you or your child will have that need at a meeting.
19. If you hand deliver, e-mail or fax any of your letters, always follow up by mailing a copy of the letter to the individual.
20. Always make a copy of your letter to keep for your files.

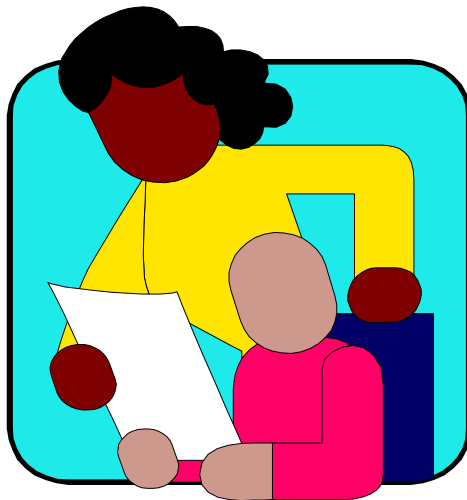
## **WRITING TO DISCUSS A PROBLEM**

### **OR EXPRESS YOUR CONCERNS**

Sometimes your child may have a particular problem at school. You may have talked to your child's teacher about this concern. The two of you may have written notes back and forth or talked on the phone. If it seems as if your concern is still not resolved, then you may want to write a formal letter. Perhaps the informal communication has not been as clear as you think. Maybe you feel that the seriousness of your concern is not fully understood. By writing a letter, the school will learn that you consider the matter to be important and needs to be addressed.

You can write about any concern-an IEP issue, a general education issue, schoolyard bullying, or the need to help your child's social skills or improve behavior. Any school problem is worth writing about if it is having a negative impact on your child and you need the school's assistance to resolve it.

Note: The "cc:" at the bottom of the letter means you are sending a copy of your letter to the people listed after the "cc". If you write to the Director of Special Education about a problem at your child's school, you should copy the principal. If you write to the principal about a problem, you should copy your child's teacher or other staff involved with your child.

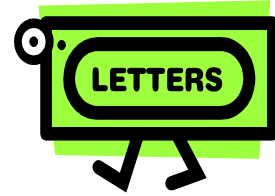




## **WRITING TO DISCUSS A PROBLEM**

Date (include month, day, year)

Name of Principal  
Name of School  
Street Address  
City, State, Zip Code



Dear (Principal's name):

In this paragraph say who you are, give your child's full name, and his or her current class placement. Say something positive about your child's situation here, before you state your reason for writing.

BRIEFLY, explain why you are writing. Give relevant history and facts that support your concerns. (For example, your 3rd grader is struggling in school and you want to ask for help. You might say that your child's grades have been getting worse throughout the year. That fact is relevant. Talking about something that happened a long time ago probably is not likely to be helpful.)

In this paragraph, state what you would like to have happen or what you would like to see changed. You may BRIEFLY say what you would not like, or what has been tried and not worked. However, spend most of this paragraph explaining what you want.

Say what type of response you would prefer. For instance, do you need to meet with someone, do you want a return letter, or a phone call?

Finally, give your daytime telephone number and state that you look forward to hearing from the person soon or give a date ("Please respond by the 15th"). End the letter with "Thank you for your attention to this matter."

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

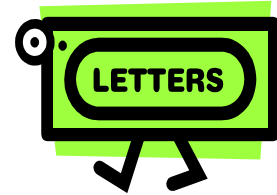
cc: Your child's teacher

## **WRITING TO DISCUSS YOUR CHILD**

### **BEING BULLIED**

Date (include month, day, year)

Name of Principal  
Name of School  
Street Address  
City, State, Zip Code



Dear (Principal's name):

In this paragraph say who you are, give your child's full name, and his or her current class placement.

BRIEFLY, explain why you are writing. Give relevant history and facts that support your problem and your concerns. (For example, your child is being bullied at lunch. You might say that his or her food is being taken from them or on recess he or she is being intimidated by older children threatening to hit or kick them. Remember to state only facts. What is important is listing the action of bullying, the times it happens and who is involved.)

In this paragraph, state what you would like to have happen or what you would like to see changed. You may BRIEFLY say what you would not like, or what has been tried and not worked. However, spend most of this paragraph explaining what you want.

Say the type of response you would prefer. For instance, do you need to meet someone, do you want a return letter, or a phone call?

Finally give your daytime telephone number and state that you look forward to hearing from the person soon or give a date. ("Please respond by the 15<sup>th</sup>"). End the letter with "Thank you for your attention to this matter."

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

cc: Your child's teacher

**REQUESTING AN INITIAL EVALUATION TO**  
**DETERMINE IF YOUR CHILD IS ELIGIBLE FOR**  
**SPECIAL EDUCATION SERVICES**

If your child has been consistently struggling in school, and the school has tried to respond to your child's problems through several interventions without success, your child may have a disability. The purpose of the evaluation is to see if your child has a disability and needs special education services. This evaluation is free of charge.

If the school personnel think your child may have a disability, they must initiate the evaluation by contacting you to request your written permission for your child to be evaluated. You also have the right to request an evaluation. However, the school does not have to perform the evaluation just because you ask for one. If the school refuses to evaluate your child, they must tell you this decision in writing, giving the reasons why they refused. This is called Prior Written Notice.

If you want the school to perform an evaluation, you should specifically tell the school in your letter that you are giving your consent for testing. The school may postpone testing your child, but must give you a copy of your rights. The school is responsible for providing interventions to resolve concerns for the pre-school or school-age child prior to conducting a full and individual evaluation.

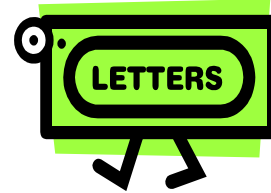
If your child has been identified by your doctor or other professionals as having a disability, you will want to include this information in your letter to the school. You should also provide copies of any reports you have received that explain your child's condition.

If you decide to write the school and ask that your child be evaluated, the letter on the next page gives an example of what you may want to say.

**REQUESTING AN INITIAL EVALUATION TO  
DETERMINE IF YOUR CHILD QUALIFIES FOR  
SPECIAL EDUCATION SERVICES**

Date (include month, day and year)

Name of Principal  
Name of School  
Street Address  
City, State, Zip Code



Dear (Principal's Name):

I am writing to request that my son/daughter, (child's name), be evaluated for special education and related services. I am concerned that (child's name) is having problems in school and believe he/she may need special services in order to learn. (Child's name) is in the ( \_ ) grade at (name of school). (Teacher's name) is his/her teacher.

Specifically, I am concerned because (child's name) does/does not (give a few direct examples of your child's problems at school).

We have tried the following to help (child's name): (If you or the school have done anything extra to help your child, briefly state it here).

This letter serves as my request and consent for an evaluation of my child. Please provide me the name and telephone number of the person who will be forwarded this letter and who will be coordinating the evaluation. You can send me the information or call me during the day at (daytime telephone number).

Thank you for your prompt attention to my request. I look forward to hearing from you within five school days of the date you receive this letter to schedule a meeting to discuss my concerns and to fill out a planning form for the evaluation.

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

Note: If your child has been identified with a disability by professionals outside the school, add the following to the first paragraph above: (Child's name) has been identified as having (name of disability) by (name of professional). Enclosed is a copy of the report(s) I have received that explains (child's name) condition.

## **REQUESTING ADDITIONAL**

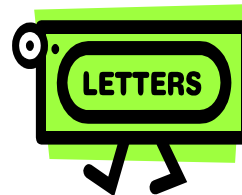
### **TESTING IN A PARTICULAR AREA**

The school has assessed your child with a complete evaluation. You have participated as a team member to help determine your child's eligibility for special education services and have contributed suggestions for interventions and strategies to your child's education. You feel that the results in specific areas of the testing have not adequately evaluated those areas of need or suspected disability. You may request further testing be done in those specific areas.



## **REQUESTING ADDITIONAL TESTING**

Date (include month, day, and year)



Name of Principal  
Name of School  
Street Address  
City, State, Zip Code

Dear (Principal's Name):

I am the parent of (name of child). I have studied the reports of the school's evaluation of my child and feel that (he/she) was not evaluated in every area of suspected disability. I believe additional testing is needed in the area of (list area(s) needing further testing). Please tell me in writing who will be performing the additional testing, when the testing will take place, and what tests will be administered to my (son/daughter).

Thank you for your prompt attention to my request. I look forward to hearing from you within five school days of the date you receive this letter.

Sincerely,

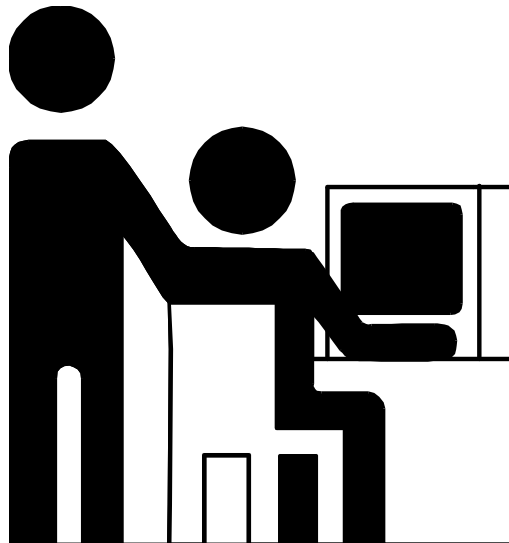
Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

## **REQUESTING A REEVALUATION**

### **FOR YOUR CHILD**

If your child is already receiving special education services, a reevaluation must be discussed by the IEP team at least every three (3) years.

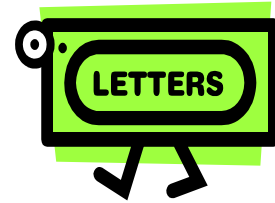
An evaluation is considered to be current if it is within one year old. A school district or parent may request a reevaluation to occur more often than every three (3) years if needed. For example: New information is needed if the IEP services are not helping the child to be successful and you and the school want to see if there have been any changes in your child's condition. You, the parent, are not required to give your consent for additional testing if you believe that no new information is needed. If you do not consent, the school cannot proceed without a due process hearing.



## **REQUESTING A REEVALUATION FOR YOUR CHILD**

Date (include month, day and year)

Name of Principal  
Name of School  
Full Address of School



Dear (Name of Principal):

I am the parent of (child's name), who has a disability, and is in the (\_\_\_\_) grade at (name of school), in (teacher's name) class.

**(Use this paragraph if it is appropriate.)**

Due to changes or concerns (Briefly state what the changes or your concerns are - Examples: changes in medication, your child's medical needs, a burst in development, etc.), I am requesting a reevaluation be given to my child. The date of (child's name) last evaluation was (give month, day and year of the last evaluation).

**(Use this paragraph if it is appropriate.)**

It is my understanding that under IDEA 2004 the IEP team must convene every three years to determine the need for a reevaluation. The date of (child's name) last evaluation was (give month, day and year of the last evaluation). I am requesting the IEP team be convened to discuss this reevaluation.

Thank you for your attention to my request. I may be reached at (your daytime phone number). I will expect to hear from you by (Give a date - Example: the end of this week; within 5 school days of receipt of this letter, etc.).

Sincerely.

Your Name  
Street Address  
City, State, Zip Code



## **REQUESTING AN INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE**

IDEA 2004 gives you the right to have your child evaluated independently. This means you have the right to have your child evaluated by someone other than school employees. The purpose of the evaluation is to evaluate whether your child has a disability and, if so, determine his or her special needs. In some cases, you may pay for an Independent Educational Evaluation (IEE). In other cases, you may ask the school system to pay for it. If the school system pays for the IEE, this is known as an *IEE at public expense*.

Sometimes a parent may feel that the results of the school's evaluation do not accurately describe the child. Some parents may want additional academic tests or medical exams. The right to an IEE at public expense arises only when the school has conducted an evaluation and you disagree with it. If you want the school to pay for an Independent Educational Evaluation (IEE), it is best to make your request BEFORE any independent testing is done.

Some reasons you may want to request an independent evaluation include:

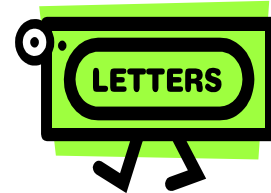
- You believe the original evaluation was incorrect.
- The original evaluation was not done in your child's native language.
- You believe the original evaluation was incomplete and additional tests are needed.
- The evaluation was not done with the needed accommodations (for example, in Braille or administered by someone who knows sign language).

The school system may agree to your request and pay for the IEE or the school may deny your request and ask for a hearing to show that its evaluation was appropriate. You will have the chance at this hearing to state your reasons why the school system should be required to pay for the IEE. If the hearing officer decides in favor of the school, you may still obtain an IEE, but you must pay for it. The results of the IEE must be considered by the school in any decision made regarding your child's free appropriate public education. If the school does not request a hearing to dispute your request of an IEE, the school must pay for the IEE.

## **REQUESTING AN INDEPENDENT EDUCATIONAL EVALUATION (IEE) AT PUBLIC EXPENSE**

Date (include month, day, and year)

Name of Principal  
Name of School  
Street Address  
City, State, Zip Code



Dear (Name of Principal):

My son/daughter, (child's name) is in the ( \_ ) grade, at (name of school), in (teacher's name) class. He/She was evaluated for special education services in (month/year). I do not feel that the school's evaluation of my child is appropriate and I am writing to request an Independent Educational Evaluation at public expense.

Please tell me in writing of the criteria under which the independent evaluation must be conducted so that it meets the criteria the school uses in its evaluation. Also, please give me a written list of places where I may obtain an independent evaluation for my child.

I understand that the school must pay for the independent evaluation unless it requests a hearing to prove that its evaluation was appropriate.

I will send you the results of the independent evaluation. I understand the results of that evaluation must be considered in any future decisions about my child's education.

Thank you for your help. I look forward to hearing from you within five school days of the date you receive this letter.

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

**REQUESTING AN IEP**  
**(INDIVIDUALIZED EDUCATION PROGRAM)**  
**OR SECTION 504 TEAM MEETING**

Your child receives support and services with an IFSP, an IEP or a Section 504 Accommodation Plan. You may wish to discuss changes with medical needs of your child, changes with modifications, placement or related services. Your child may not be having success with the present plan. You wish to discuss your concerns with the team and address those possible changes to your child's program.

All decisions made concerning your child's educational program must be made by the team.

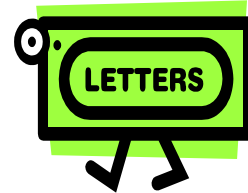


If you have met as an IEP team and have not been able to develop an IEP, you may wish to request a facilitated IEP.

**REQUESTING AN IEP (INDIVIDUALIZED  
EDUCATION PROGRAM) OR SECTION 504  
ACCOMMODATION PLAN TEAM MEETING**

Date (include month, day and year)

Name of Your Child's Special Education Teacher or Principal)  
Person's Title (Principal, Special Education Director)  
Name of School  
Full Address of School



Dear (Teacher's or Principal's Name):

I am writing to request an/a (IEP or Section 504) team meeting for my child, (child's name), who has a disability.

I would like to discuss (State briefly and specifically your reasons for your request - Examples: Modifications; Annual Goals; Amount of Related Services; Making some possible changes with...etc.).

**The next two paragraphs should only be used if they apply to your situation.**

I would like to request that (name of specialists or other staff) attend the team meeting because I feel his/her/their ideas about the IEP/504 plan will be valuable. *(Note: The school has the right to determine who the appropriate individuals are to attend the meeting.)*

*(You may wish to bring a specialist from outside of the school setting with you that you have been working with or has knowledge that would be helpful to your child's program.)*

I have been working with (name of specialist) and will be bringing them with me to the team meeting.

The following times would work well with my schedule: (List dates and times. It is helpful if you can offer 'windows' of time - example: 3:00 P.M. to 5:00 P.M. It is also helpful to offer at least three different dates and times). Please let me know what times work best for you.

Thank you for your attention to my request. I may be reached at (Your daytime phone number). I will expect to hear from you by (Give a date.)

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

## **FACILITATED IEP MEETINGS**

IEP facilitation is all about the student and helping the IEP team overcome the pressure and anxiety often associated with IEP meetings. The focus of the team is to remain on the best interests of the student. The facilitator is a skilled special education mediator who has received specialized training in the area of IEP development.

IEP facilitation is a voluntary process. The facilitator's primary goal is to assist team members in the thoughtful, productive construction of a quality individualized educational plan. This is achieved by encouraging and directing communication specific to the IEP, and assuring that the members of the IEP team communicate effectively and with respect toward each other. The facilitator makes no educational decisions regarding the student; rather the facilitator will address issues during the process that incite tension within the team so that they are effectively able to find their own solution.

### **The IEP Facilitation Process**

- 1) Before the IEP meeting begins, the facilitator will make sure an agreement to facilitate is signed and in place.
- 2) The facilitated IEP meeting is run like all other IEP meetings, except the facilitator assists the team to stay focused on productive IEP issues.
- 3) If following the meeting, the IEP team reaches an agreed upon plan, the IEP facilitator will assist the parties in reviewing and signing the plan.
- 4) If an agreement on the plan is not reached following the meeting, the parties may elect to schedule an additional meeting with or without the facilitator.
- 5) Participants are asked to complete an evaluation of the facilitator and the IEP facilitation process at the end of the meeting.

### **How Long is the Facilitated IEP Meeting**

Generally, the length of the facilitated IEP meeting is unknown. Many IEP meetings run at least one hour, so it should be assumed that a contentious, facilitated IEP meeting will take longer. In those instances where a day is not sufficient to reach an agreed upon plan, IEP facilitation can be scheduled for additional days. Usually an agreed upon successful plan is reached in one day.

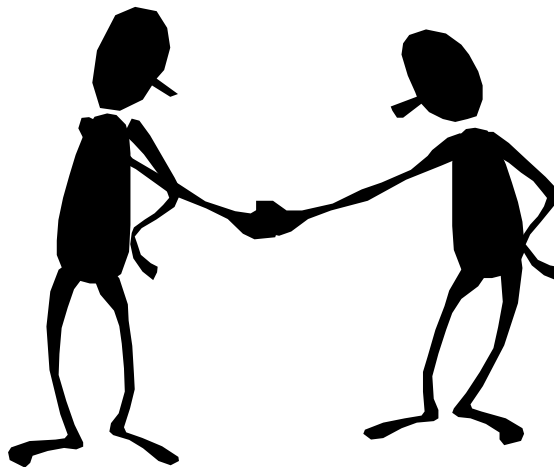
## **How Do I Request a Facilitated IEP?**

- 1) Either party may contact Ohio Department of Education, Office for Exceptional Children Procedural Safeguards at 614-466-2650 to request a facilitated IEP.
- 2) IEP facilitation is available without the need to request a due process hearing or file a formal complaint.
- 3) IEP facilitation can be requested by any member of the IEP team.
- 4) IEP facilitation is available during the filing for a due process hearing or during the filing and investigation of a formal complaint.
- 5) IEP facilitation is provided at no cost to both parties.
- 6) Once both parties agree to a facilitated IEP, they are provided a list of three IEP facilitators to choose from.
- 7) The selected IEP facilitator will contact both parties to set up the date, time, and location of the IEP facilitation.

## **Not a Replacement for Procedural Rights**

A facilitated IEP can be requested before a complaint, mediation, or due process is filed.

A facilitated IEP does not replace any of the parent's procedural safeguards but can build IEP team communication, aid in developing an appropriate IEP, and alleviate the need for requesting any of the above options.



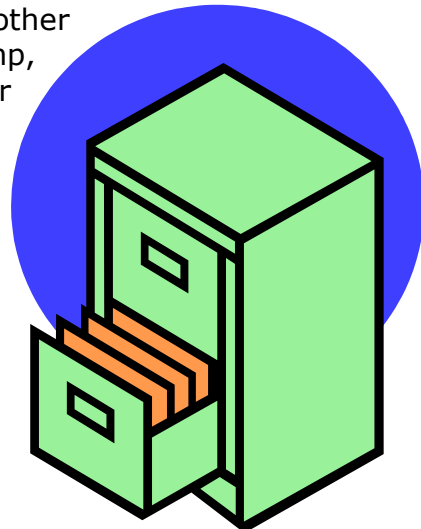
## **REQUESTING TO VIEW YOUR**

## **CHILD'S EDUCATIONAL RECORDS**

IDEA 2004 gives you the right to look at all of your child's education records. This includes records about his or her identification, evaluation, educational placement, and special education program. You also have the right to ask the school to explain and interpret the records for you. You may ask the school to give you a copy of your child's records. The school may charge you a reasonable fee for making copies.

School records contain valuable information about your child's strengths and areas of need. These records can provide a formal way of communicating between the professionals at your child's school, you, and other professionals who may work with your child. Here are some reasons you might have for requesting a copy of your child's records:

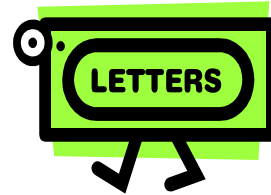
- Reviewing records lets you be sure that the records are correct and contain all necessary information.
- To see if your child is making progress and is receiving the services provided according to the IEP.
- When your family is moving to a new school district, records may need to be sent.
- If you take your child for an independent evaluation, copies of past records may be useful.
- The records may help the staff, at other programs your child attends (like camp, tutors, or private therapy), design their activities.
- Postsecondary programs may need to see copies of your child's records.
- To have a copy for your home files, especially if you need to prepare for an impartial due process hearing.



**REQUESTING TO VIEW YOUR CHILD'S**  
**EDUCATIONAL RECORDS**

Date (include month, day, and year)

Name of School Principal  
Name of School  
Street Address  
City, State, Zip Code



Dear (Name of Principal):

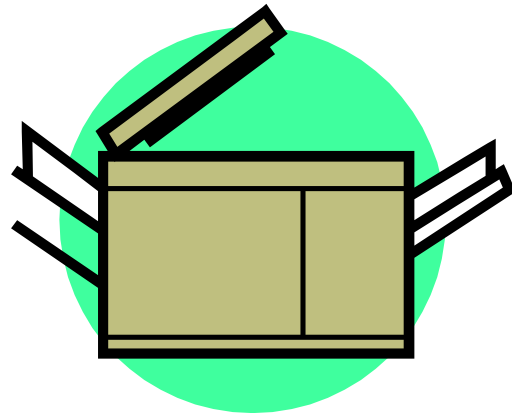
I am writing to schedule a time to come and review all of my child's records. My son/daughter, (child's name), is in the (\_\_\_) grade at (name of school), in (teacher's name) class. I will also need copies of some or all of these records.

Please let me know where and when I can come in to see the records. I request to review these records by (date). You can reach me during the day at (give your phone number).

I look forward to hearing from you soon. Thank you for your assistance.

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

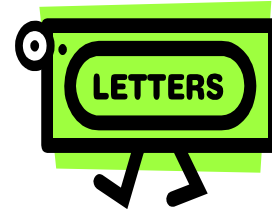




**REQUESTING A LIST OF  
RECORDS FROM SCHOOL**

Date (include month, day, and year)

Name of Principal  
Name of School  
Street Address  
City, State, Zip Code



Dear (Name of Principal):

I am the parent of (child's name), a student at your school. I am writing to request a list of the types of education records your school keeps concerning my child. Please provide me a written list of all education records collected, maintained, or used for (child's name) by the school district as well as where those records are kept.

I look forward to hearing from you within ten days. Thank you for your assistance.

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

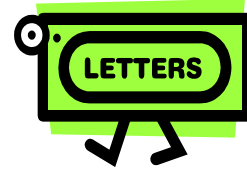
## **REQUESTING A CHANGE IN YOUR CHILD'S RECORDS**

If you believe that any information in your child's record is inaccurate, misleading, or violates the privacy or other rights of your child, you may ask the school district to change the information. The school district must decide whether or not to change the information within a reasonable amount of time.



**REQUESTING A CHANGE IN YOUR**  
**CHILD'S RECORDS**

Date (include month, day, and year)



Name of Principal  
Name of School  
Street Address  
City, State, Zip Code

Dear (Name of Principal):

I am the parent of (child's name), a student at your school. There is a statement in (child's name)'s (give name of records, e.g., "Notice of Suspension") which I believe is ("misleading," "inaccurate," "in violation of my child's rights") because (give reasons).

I request that you (change, remove) (name of child)'s records so that they will no longer be ("misleading," "inaccurate," "in violation of my child's rights").

Thank you for your assistance in this matter. I look forward to hearing from you within ten days to confirm or discuss this change. Thank you for your assistance.

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

## **REQUESTING A RECORDS REVIEW**

If the school district refuses to change the information as you requested, you must be informed of the refusal, and of your right to a Records Hearing. The Records Hearing gives you a chance to challenge the information in the education records to ensure that it is accurate, is not misleading, or in violation of the privacy or other rights of your child.



## REQUESTING A RECORDS REVIEW

Date (include month, day and year)

Name of Principal  
Name of School  
Full Address of School



Dear (Principal's Name):

I am the parent of (child's name), who has a disability, and is in the (\_\_\_\_) grade at (name of school), in (teacher's name) class.

I have been informed of **(or)** received notification of the school district's refusal to change my child's records to reflect the specific requests I have made.

I am requesting a Records Hearing be held concerning these changes in my child's records.

Please advise me of the date, place and time in advance of this hearing.

I may be reached at (your daytime phone number). I will expect to hear from you by (Give a date - Example: the end of this week; within 5 school days of receipt of this letter, etc.).

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number



## **REQUESTING A MEETING TO REVIEW THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

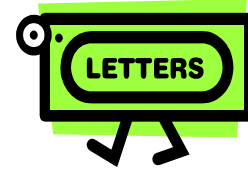
Date (include month, day, and year)

Name of Your Child's Special Education Teacher  
or Principal

Name of School

Street Address

City, State, Zip Code



Dear (Teacher's or Principal's Name):

I am writing to request an IEP review meeting. I would like to discuss making some possible changes in (child's name)'s IEP. I am concerned about (state your reasons, but limit discussion about the specific changes you want to make because you will want to hear the school's position at the meeting).

I would also like to have (names of specialists or other staff) attend because his/her/their ideas about the changes we may need to make will be valuable.

I can arrange to meet with you and the other members of the IEP team on (list days you are available) between (give a range of time, such as between 2:00 and 4:00). Please let me know what time would be best for you.

I look forward to hearing from you within five school days of the date you receive this letter. My daytime telephone number is (give your phone number). Thank you for your help.

Sincerely,

Your Name

Street Address

City, State, Zip Code

Daytime telephone number

cc: Specialists or other staff

## **REQUESTING A CHANGE OF PLACEMENT**

Placement means the type of setting (regular class, resource room, special class, special school, home, hospital or institution) where your child's IEP is carried out. Placement is based on the IEP. Therefore, when you request a change in placement, you are actually requesting an IEP review to discuss your child's needs and where those needs are met.

Placement means how much time your child spends being educated with children who do not have disabilities. It does not mean the school building or location of services.

You might want to request a change in your child's placement if you feel that your child's needs are not being met appropriately. For example, you may become concerned about your child's placement after reviewing your child's progress reports; reviewing the results of any state, district-wide, or alternate assessments your child has been given; talking with your child's teacher or other service providers; or talking with your child. You might want to request more time in a regular education classroom so that your child can improve language skills or social behavior. Your child might also need a more restrictive placement because a smaller class size helps your child's problems with attention.





## **REQUESTING A CHANGE OF PLACEMENT**

Date (include month, day, and year)

Name of Principal or Special Education Administrator  
Name of School  
Street Address  
City, State, Zip Code



Dear (Principal's or Administrator's name):

I am writing to request a meeting to discuss a change in placement for my son/daughter, (child's name). He/she is currently in the (\_\_\_) grade in (teacher's name) class. I feel he/she needs to be in (name of alternative, if you know; otherwise describe the type of placement you feel is more appropriate for your child, such as your neighborhood school, a center-based program, general education class, or special class).

I am most concerned about (keep this paragraph brief and mention your child's unmet needs, not problems with individual people).

I would also like to have (name of teacher(s) and/or any specialists you would like from the current and/or requested placement) attend this meeting.

I can arrange to meet with the rest of the IEP team on (list days you are available to meet) between (give a range of time, such as between 8:00 a.m. and 10:00 a.m.). Please let me know what time would be best.

I look forward to hearing from you within five school days of the date you receive this letter. My daytime telephone number is (give your phone number). Thank you for your time.

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

cc: Your child's principal (if letter is addressed to an administrator),  
Your child's teacher(s),  
Specialists or other staff

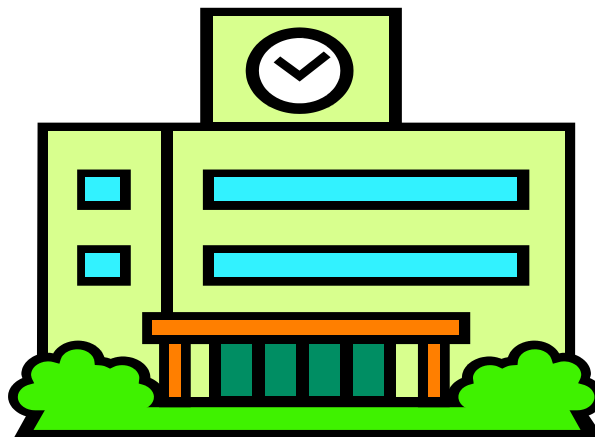
## **REQUESTING PRIOR WRITTEN NOTICE**

There are certain times when the school must put in writing its decisions about your child's education and the reasons for those decisions. This written communication is called prior written notice. You have the right to receive prior written notice, whenever the school wants to (or refuses to):

- evaluate your child,
- change your child's disability identification,
- change your child's educational placement, or
- change the way in which your child is provided with FAPE.

The school system should automatically provide you with prior written notice in any of these events. In practice, though, sometimes the school may tell you its decision over the telephone, in a meeting, or in a one-on-one conversation. If you want the notification in writing, you may ask the school system to provide it. It is best that you put your request in writing.

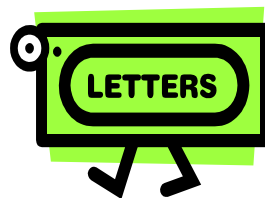
For example, you may have asked for a change in your child's placement. The school system may tell you on the phone that it has denied your request. You may ask for prior written notice of this denial. The school must then put its decision in writing and explain the reasons for the decision. This information can be helpful if you pursue the placement change through a due process hearing. You will then have in writing the school system's reasons for denying the placement change.



## **REQUESTING PRIOR WRITTEN NOTICE**

Date (include month, day, and year)

Name of School Principal  
Name of School  
Street Address  
City, State, Zip Code



Dear (name):

At our meeting (or during our phone conversation) on (date), we discussed my child's (evaluation, eligibility, placement, IEP, services, etc.). I requested (\_\_\_\_\_) . . . and was denied (or I was told the school intends to \_\_\_\_\_) . . . but I have never received any information about this decision in writing. In accordance with the IDEA 2004 regulations, I am requesting prior written notice regarding (be very specific about the issue/decision you want the school to address. Number the items if you have more than one issue.) According to Ohio's Operating Standards, prior written notice must include the following:

1. A description of what the school is proposing or refusing to do;
2. An explanation of why the school proposes or refuses this action;
3. A description of any other options the school considered and the reasons why those options were rejected;
4. A description of each evaluation procedure, test, record, or report the school used as a basis for this decision;
5. A description of any other relevant factors that went into this decision;
6. Information on how I can obtain a copy of procedural safeguards available to me under the law and a full explanation of the safeguards, and
7. Information on sources I can contact for help in understanding the provisions of this rule.

I look forward to receiving a detailed response to my request by (date). Thank you for your assistance.

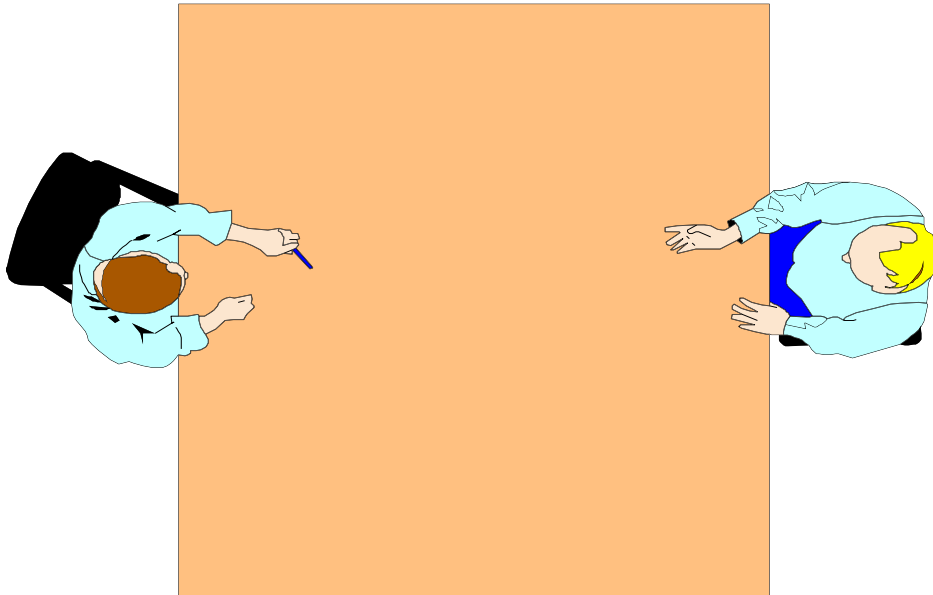
Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

cc: Other members of the meeting

## **REQUESTING MEDIATION**

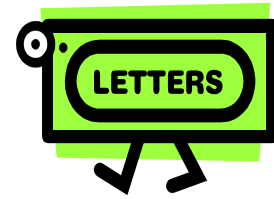
Anytime you have a serious disagreement with the school and the school is not working toward a resolution, you may request mediation. In mediation, you and school personnel sit down with an impartial third person (called a mediator), talk about the areas where you disagree, and try to reach an agreement. Mediation is voluntary, though, and *both parties must agree to meet with a mediator*. There are benefits to mediation, both for you and for the school. One of the chief benefits is that mediation allows you and the school to state your concerns and work together to reach a solution that focuses on the needs of the student and is acceptable to both of you.



## **REQUESTING MEDIATION**

Date (include month, day, and year)

Ohio Department of Education  
Office for Exceptional Children  
Procedural Safeguards Section  
25 South Front Street  
Columbus, Ohio 43215-4183



Dear Director of Procedural Safeguards:

My son/daughter, (child's name), currently attends (name of school) and is in the (\_\_\_) grade in (teacher's name) class. I am writing to inform you that the school and I are in disagreement concerning (BRIEFLY state what the disagreement is about). We have been unsuccessful in resolving this dispute, and I am requesting the Ohio Department of Education provide mediation so that we may resolve our differences. I have attempted to resolve my complaint with the district through both meetings and phone calls, without success.

I would like the mediation to be done as soon as possible. Please let me know when this can be arranged. My daytime telephone number is (give your phone number). Thank you for your assistance in this matter.

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

cc: Your child's principal  
Your child's teacher

Note: If you want to request a particular mediator, you may also want to put in a sentence after the first sentence of the second paragraph that states: "I would like to request that (name of particular mediator) be assigned to mediate my case, if the district has no objection." (This does not insure you will be assigned the mediator you requested. You do have the right to deny a particular mediator. )

## **REQUESTING A DUE PROCESS HEARING**

A due process hearing is one approach that parents and schools can use to resolve disagreements. In a due process hearing, you and the school present evidence before an impartial third person called a hearing officer. The hearing officer then decides how to resolve the problem. You have the right to request a due process hearing on any matter related to:

- your child's identification as a "child with a disability",
- his or her evaluation,
- his or her educational placement, and
- the special education and related services that the school provides to your child.

Some reasons why a parent might file for due process include:

- The school refuses to evaluate your child.
- You disagree with the school's eligibility decision.
- You disagree with the services, goals, or objectives in the IEP.
- The school refuses to provide a related service, modification, or supplementary aid you think your child needs.
- You disagree with the placement decision.
- You disagree with disciplinary action imposed by the school.

Typically when the parent and school disagree, it is important for both sides to first discuss their concerns and try to reach a compromise. However, if you and the school have fully communicated, understand each other's positions, tried such strategies as IEP meetings and/or mediation, and you still disagree, you may want to request a due process hearing.

The school system will probably be represented by an attorney. While parents are not required to have an attorney, you are strongly encouraged to have one. The school system must tell you about any free or low-cost legal (and other related) resources available in the area if you request a due process hearing or if you simply request this information.

Send your letter to the Superintendent of your child's school district and also a copy to the Ohio Department of Education (ODE). The Ohio Department of Education will provide you and the school district a list of hearing officers.

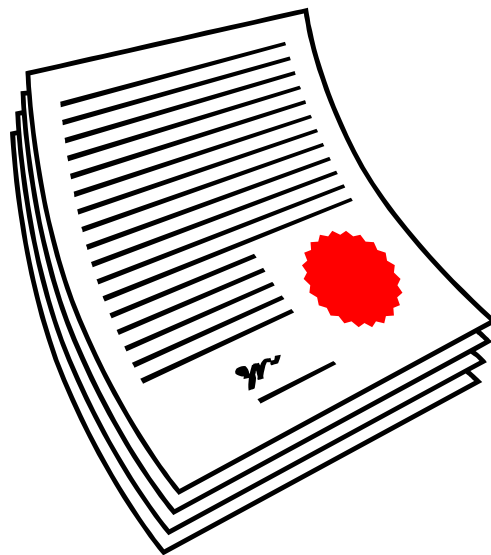
You may want to send a copy of your due process request to ODE to ensure that the hearing process will be timely.

The hearing officer is responsible for setting the date, time, and place of the hearing. The hearing must be held and the decision must be made by the hearing officer no later than 45 days after the school system receives your request for the hearing, unless the hearing officer has ordered more time. Under IDEA 2004, when you ask for a due process hearing, your request must include:

- the name of your child;
- the address of your child's residence;
- the name of your child's school;
- the description of the problem, including facts relating to the problem; and
- how you would resolve the problem, to the extent that a solution is known and available to you.

Also, Ohio has a model form that you may use to request a due process hearing. You are not required to use the model form. However, if you want, you should be able to get a copy of this form from your child's school or from the Ohio Department of Education.

Sample letter 13a and example letter 13b of a Due Process Request are on the following two pages.



## **REQUESTING A DUE PROCESS HEARING**

Date (include month, day, and year)

**Letter 13a**

Superintendent (Name of Superintendent  
for Your Child's School District)  
(Name of School District)  
Street Address  
City, State, Zip Code



Dear (Name of Superintendent):

I am writing to request a due process hearing pursuant to Chapter 3323 of the Ohio Revised Code and implementing regulations. I am the parent of (child's name), a (child's age) year old student at (child's school), in the (child's school district). (Child's name)'s birth date is (child's date of birth). He/she is in the (\_\_\_\_) grade.

I have met with school personnel in an effort to resolve our differences concerning my son's/daughter's (IEP, placement, testing, or ...) and have been unable to do so. The nature of our disagreement is as follows:

- 1) Explain the problem with BRIEF statements of fact.
- 2) Consider listing the facts separately with numbers.

An acceptable resolution of the problem would include ... (To the extent that you know how you want the disagreement to be resolved, state these facts, numbering the items if possible.)

I also request that this hearing be (open/closed) to persons other than those directly involved. (Child's name) will/will not attend the hearing.

My daytime telephone number is (your phone number). Thank you for your assistance.

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

cc: Your child's principal  
Ohio Department of Education, Office of Procedural Safeguards  
Your advocate/attorney



## **REQUESTING A DUE PROCESS HEARING**

February 20, 2015

**Letter 13b**

Superintendent Jane Smith  
Sunrise School District  
123 Pebble Lane  
Bedrock, Ohio 43000



Dear Superintendent Smith:

I am writing to request a due process hearing pursuant to Chapter 3323 of the Ohio Revised Code and implementing regulations. I am the parent of Thomas, a ten year old student at Bedrock Elementary School, in the Sunrise School District. Thomas' birth date is 10/31/05. He is in the fourth grade.

I have met with school personnel in an effort to resolve our differences concerning my son's IEP and have been unable to do so. The nature of our disagreement is as follows:

Since the beginning of the school year, I have repeatedly requested that the district develop and implement an Individualized Education Program (IEP) for my son. To date, Bedrock School has failed to comply. They failed to provide me with notice of my rights, failed to conduct assessments and failed to develop/implement an IEP.

Thomas received an evaluation in April of 2011. That evaluation determined that Thomas was eligible for special education services as a student with Specific Learning Disabilities (SLD). Copies of the evaluation were given to Principal White, Bedrock Elementary School, when we moved to the Bedrock.

As a result of Bedrock's failure to comply with the law, Thomas has no current IEP, no current assessment, and is performing well below his expected grade level in areas such as reading and math. He receives no special education instruction.

At this time, I believe this matter could be resolved if Bedrock agrees to:

- 1) convene an IEP meeting with the IEP team to develop an appropriate IEP;
- 2) hire special education staff to implement the IEP;
- 3) reimburse my costs of hiring a private tutor;
- 4) pay my attorney's fees and costs.

My daytime telephone number is 555-5555. Thank you for your assistance.

Sincerely,

Michael Moore (address and telephone)

cc: Ms. White, Bedrock Elem. School Principal,  
ODE, Office of Procedural Safeguards  
Attorney Fred James



## **DOCUMENTING PHONE CONVERSATIONS**

### **OR OTHER CONVERSATIONS**

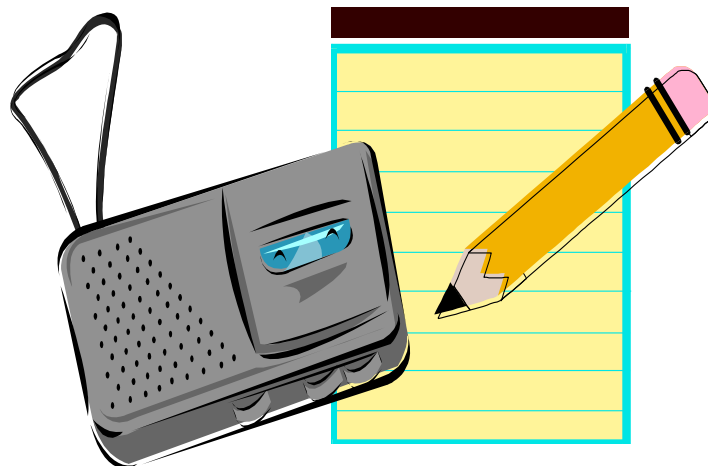
Taking notes from phone conversations, face to face conversations or meetings is a way to keep communication with school open, increase the likelihood that problems will be identified early, and if needed, provide you with a written history to use in mediation, hearings or court. This process is referred to as documentation.

For each conversation or meeting, record the date and time, names and summary. The summary should reflect only statements made in the conversations and your perceptions of those statements.

You should write a confirming or follow-up letter after telephone calls noting the date, time and summary of the phone call.

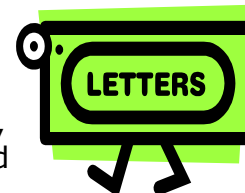
When sending the individual your documentation of the conversation, always include a statement giving them the opportunity to respond if they feel your account is not accurate. If they do respond, you should follow-up with an acknowledgement of their response and a statement reflecting that you agree or disagree with their response.

In order to have a complete and accurate record, the meetings, especially IEP meetings, can be taped. At the beginning of the meeting or prior to the day of the meeting, you should inform the school that you would be recording the meeting.



## **DOCUMENTING PHONE CONVERSATIONS OR**

### **OTHER CONVERSATIONS**



Date (include month, day and year)

Full Name of Person to whom you are writing (Principal, Special Education Director, Teacher, or other person you had the conversation with)

Person's Title (Principal, Special Education Director, Teacher, etc.)

Name of School

Full Address of School

Dear (name):

The following is an account of our (phone conversation, meeting, conference, conversation at school) on (date and time of conversation).

(State briefly and factually what was discussed, decisions made, etc. To avoid misinterpretations, you could use words like: perception; what I thought I heard you saying; I feel that... -Example: What I thought I heard you saying was that you felt my child needed to be given Ritalin.) Please respond in writing if you feel this is not an accurate account of our conversation.

I may be reached at (your daytime phone number) or at the address below. I will expect a response by/within (Give a date - Example: the end of this week; within 5 school days of receipt of this letter, etc.).

Sincerely,

Your Full Name

Street Address

City, State, Zip Code

Daytime telephone

**\*\*Note\*\*** If you receive a call or note that states they do not agree with parts of what you have sent them, you will need to respond and state you either agree with them or are still standing by your original account of the conversation.

## **WHEN THE SCHOOL DOES NOT RESPOND TO YOUR REQUESTS**

Once you have written a letter or made a phone call with a request of some nature pertaining to your child's educational program, you should get some type of response from the school system.

If you feel that too much time has passed without receiving a response to your letter, then call and ask if your letter has been received.

If you are sure the school has received your letter (you may have sent your original letter certified or registered mail), then ask when you can expect to hear from them.

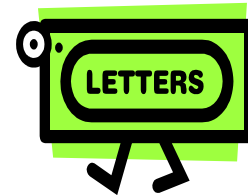
If your request still goes unanswered then you may want to write again. It would be useful to enclose a copy of the original request. Be sure to keep copies of your letters in your home file.



**WHEN THE SCHOOL DOES NOT RESPOND TO  
YOUR REQUESTS – FOLLOW UP LETTER**

Date (include month, day, and year)

Full Name of Person to Whom You Originally Wrote  
Street Address  
City, State, Zip Code



Dear (name):

I wrote to you on (date) and also called to make sure you had received my letter. I left a message for you to call me back on (date), but since I have not heard from you, I thought it best to write again.

I am writing to request (Briefly write down whatever your first letter or contact requested) and have enclosed a copy of my first letter to you.

Thank you for your prompt attention to this matter. I would like to hear from you by (give a date). I may be reached at (your daytime phone number).

Sincerely,

Your Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

**REQUESTING A HEARING OF APPEAL FOR A  
DECISION THAT YOUR CHILD'S BEHAVIOR WAS  
NOT A MANIFESTATION OF THEIR DISABILITY**

If disciplinary action is contemplated as a result of:

- (a) drugs or alcohol
- (b) injury to self or others
- (c) child has engaged in other behavior that violated any rule or code of conduct

-and-

If any of these resulted in a contemplation of a change of placement for more than 10 days:

- (1) parents must be notified of the decision and all of the procedural safeguards not later than the date on which the decision to take action is made
- (2) a manifestation review must be conducted immediately, if possible, but in no case later than 10 school days after the date on which the decision to take action is made. A manifestation review must be conducted of the relationship between the child's disability and the behavior subject to disciplinary action. The review is to be conducted by the IEP team and other qualified personnel.



If it is determined that the behavior of the child with a disability was not a manifestation of the child's disability, the disciplinary procedure applicable to children without disabilities may be applied to the disabled child in the same manner. The school district must provide the child with a free, appropriate, public education.

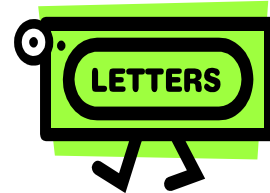
If you disagree with the manifestation hearing review determination and you believe your child's behavior was a manifestation of their disability, you have the right to request a hearing. You can request the state department of education or the local school district to arrange an expedited hearing.



**REQUESTING A HEARING OF APPEAL FOR  
A DECISION THAT YOUR CHILD'S BEHAVIOR  
WAS NOT A MANIFESTATION OF THEIR  
DISABILITY**

Date (include month, day and year)

Office for Exceptional Children  
Procedural Safeguards  
Ohio Department of Education  
25 S. Front St., Mail Stop 409  
Columbus, Ohio 43215



Dear Sir or Madam:

I am the parent of (child's name), age (child's age and birth date) and is in the \_\_\_\_ grade at (name of school). He/she is identified as a child with a disability.

On (date) the (name of school) made a determination that (child's name)'s behavior on (date/dates) was not a manifestation of his/her disability.

I disagree with that determination and am requesting an expedited hearing to review this decision.

I may be reached at (your daytime phone number). I will expect to hear from you by (Give a date - Example: the end of this week; within 5 school days of receipt of this letter, etc.).

Sincerely,

Your Full Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

**Mailing Instructions**

\*\*\*This letter should be sent certified with return receipt requested to both the Superintendent and the Office for Exceptional Children.

cc: Superintendent

## **MEDICAL ABSENCES**

It may be necessary over the course of your child's educational career for them to have extended periods of time out of school due to medical conditions.

If this occurs, the school will need to have a doctor's written excuse and the IEP team will need to convene to determine how your child's educational needs could and should be met during their absence.

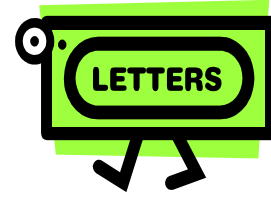




## **MEDICAL ABSENCES**

Date (Include month, day and year)

Name of Principal  
Person's Title (Principal)  
Name of School  
Full Address of School



Dear (name):

I am the parent of (child's name), who has a disability, and is in the \_\_\_\_ grade at (name of school).

Due to (briefly state the reason your child will not be able to attend school), (child's name) will not be able to attend school for (if possible, give an estimated length of time he/she will be absent). I have enclosed a statement from (name of your child's doctor).

Please contact me with the school's policies concerning home instruction when a student is unable to attend school due to medical conditions.

Thank you for your attention to this matter. I may be reached at (your daytime phone number). I will expect to hear from you by (Give a date - Example: the end of this week; within 5 school days of receipt of this letter, etc.).

Sincerely,

Your Full Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

## **WRITING A POSITIVE FEEDBACK LETTER**

It is so very easy to remember to write a letter about all the things that are going wrong. It's very important, however, to remember to write a letter about all the things that are going right.

Good communication, good team work, and effective school programs and policies take a lot of work. Make every effort to remember to give compliments and extend words of encouragement when appropriate.

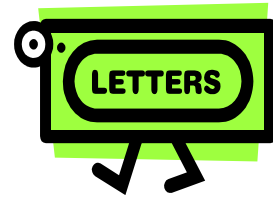
If a teacher, therapist, or other staff member has made good things happen for your child, let them and their supervisors know. Everyone likes and needs positive feedback. This helps you to develop and keep a successful parent-professional working relationship.



## **WRITING A POSITIVE FEEDBACK LETTER**

Date (include month, day and year)

Name of Person to Whom You Are Writing  
Title  
Street Address  
City, State, Zip Code



Dear (Name):

I am writing to let you know how pleased I am with the education my son/daughter, (child's name) is receiving at (name of school).

(Child's name) has had great success with (briefly say what is going right). In particular, (name the professionals working with your child and how they have made a difference).

I look forward to (child's name)'s continuing progress. Thank you for all your efforts, and those of your staff.

Sincerely,

Your Full Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

cc: If you write to the school district's Superintendent or Director of Special Education, make sure to copy the people who directly deserve recognition for your child's success such as the principal, teachers, and other staff.

## **EXTENDED SCHOOL YEAR SERVICES**

Extended school year (ESY) services are special education and related services that are provided by the school district beyond the traditional school year, usually during the summer.

The school district should provide ESY services to a child with disabilities if the services are necessary for the child to receive a free appropriate public education (FAPE). The service must be provided at no cost to parents.

An expert or the IEP team can make a recommendation about whether ESY is necessary to prevent failure without evidence of actual harm or failure to your child. The decision about ESY eligibility is made by your child's IEP team. Your child does not have to fail to be eligible for ESY.

Early referral is better. It is best to refer a child several months before the summer break to allow time to schedule and conduct an IEP meeting. If the school denies a request for ESY services, you have the right to request an impartial due process hearing to settle disagreements. If you must file for a due process hearing on the issue, early referral insures that the hearing officer's decision will be made before the summer arrives.

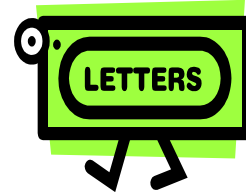
If you feel your child should receive extended school year services, send a letter to your school requesting that your child be considered for ESY services (see next page for sample letter).



**REQUESTING EXTENDED SCHOOL YEAR (ESY)  
SERVICES**

Date (include month, day and year)

Name of School District  
Street Address  
City, State, Zip Code



Dear (name of Special Education Coordinator):

I am writing to refer my child for consideration for extended school year (ESY) services. (Child's name) needs ESY because (explain reasons). I am asking that you schedule an IEP meeting to discuss ESY eligibility for (child's name).

I would also like to have (names of specialists or other staff) attend because his/her/their ideas about the need for ESY will be helpful in determining whether (child's name) is eligible for ESY.

I can arrange to meet with you and the other members of the IEP team on (list days you are available) between (give a range of time, such as between 2:00 and 4:00). Please let me know what time would be best for you.

I look forward to hearing from you within five school days of the date you receive this letter. My daytime telephone number is (give your phone number). Thank you for your help.

Sincerely,

Your Full Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

cc: specialists or other staff



## **TERMS AND DEFINITIONS**



### **Accessible**

The term used to describe a building which can be easily entered, approached, or used by a person with a disability. The term also can be used to describe a program which is adapted for a person with a disability.

### **Adapted Physical Education**

Specially designed instruction in physical education to meet the unique needs of a child with a disability, including individual and/or group instruction.

### **Adaptive Behavior**

The effectiveness with which the individual copes with the natural and social demands of his or her environment. It has two major facets:

1. The degree to which the individual is able to function and maintain himself or herself independently, and
2. The degree to which he or she meets satisfactorily the culturally imposed demands of personal and social responsibilities.

### **Administrative Review**

A meeting where the parents may present complaints to the superintendent of their school district regarding their child's evaluation, educational placement, or the provision of special education.

### **Aide**

Services of an aide shall include assisting the student/students with teacher directed activities within an educational setting.

### **Annual Goal**

Statements on the child's IEP that describe what he or she can be expected to accomplish in one year in the area of need. These goals must meet the unique needs of each child as determined by appropriate evaluation techniques and/or instrumentation.

### **Annual Review**

A meeting held each year to review the previous school year's IEP and to write a new IEP for the upcoming school year.

### **Appeal**

A written request for a change in a decision; also, to make such a request.

### **Appropriate**

Able to meet a need; suitable or fitting; in special education, it usually means the most normal situation possible.

### **Assessment**

A collecting and bringing together of information about a child's needs, which may include social, psychological, and educational evaluations used to determine services. A process using observation, testing, and test analysis to determine an individual's strengths and weaknesses in order to plan his or her educational services.

### **Assessment Team**

A team of people from different backgrounds who observe and test a child to determine his or her strengths and weaknesses.

### **Assistive Technology Assessment**

An assessment done in order to determine the need and/or appropriate assistive technology devices and services a child may need.

**Assistive Technology Device**

Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

**Assistive Technology Service**

Any service that directly helps a child with a disability in the selection, acquisition or use of an assistive technology device.

**At-Risk**

A term used with children who have, or could have, problems with their development that may affect later learning.

**Attendant**

A person who assists children with medical, orthopedic, or multiple handicapping needs.

**Audiologist**

A person who determines the range, nature and degree of hearing loss, including referral for medical or other professional attention when indicated for the habilitation of hearing handicapped children. They may also determine the child's need for group and individual amplification, providing for the selection and fitting of an appropriate hearing aid, and evaluating the effectiveness of amplification.

**Autism (AU)**

A disability condition that identifies a child to be eligible for special education services. Verbal and nonverbal communication and social interaction is usually significantly affected by this developmental disability. Generally evident before age 3, it adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

**Behavior Intervention Plan**

In the case of a child whose behavior impedes his or her learning or that of others, the IEP team should consider, when appropriate, a behavior intervention plan that states strategies, including positive behavior interventions and supports to address that behavior and incorporate the plan into the IEP.

**Case Conference**

An informal meeting that allows the parents and the school district to review and interpret information regarding the child and his or her IEP in order to resolve problems.

**Consent**

The parent has been fully informed, in his or her native language or other mode of communication, of all information relevant to the activity for which consent is sought. The parent agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records, if any, which will be released and to whom. The parent is informed in writing that the granting of consent is voluntary on the part of the parent and may be revoked by the parent at any time.

**Counseling Services**

Services provided by school psychologists, guidance counselors, or other qualified personnel.

**Deaf-Blindness**

Concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

**Disability**

The result of any physical or mental condition that affects or prevents one's ability to develop, achieve, and/or function in an educational setting at a normal rate.

**District of Residence**

The school district where the parents of a child with a disability live.

**Due Process**

Action that protects a person's rights; in special education, this applies to action taken to protect the educational rights of students with disabilities.

**Early Intervention Services (EI)**

Services provided to children with developmental delays from birth through age two.

**Education Records**

Those records which are directly related to a student and are maintained by an educational agency or institution or by a party acting for the agency or institution.

**Emotional Disturbance**

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance.

**Evaluation**

The process of using more than one test or evaluation procedure to determine the child's level of functioning in academic and behavioral performance, motor and language skills, vision, hearing, social and emotional status, and general intelligence. The evaluation must be conducted by more than one person.

**Extended School Year Services (ESY)**

Special education and related services that are provided outside the normal 180 day school year.

**Free Appropriate Public Education (FAPE)**

Special education and related services which are provided at public expense, under public supervision and direction, and without charge. Schools must meet rules for special education adopted by the State Board of Education including preschool, elementary, or secondary education. Schools must conform to an IEP and provide a free, appropriate, public education to all children with disabilities, 3 through 21 years of age, unless the child has completed the twelfth grade and has been issued a diploma.

**Functional Behavioral Assessment**

A functional assessment looks at why a child behaves as he or she does, given the nature of the child and what is happening in the environment.

**Guide**

A person who helps a visually impaired child in his/her travels within the education setting.

**Hearing Impaired**

A disability condition that identifies a child to be eligible for special education services. An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance, but that is not included under the definition of deafness.

**Interim Alternative Educational Setting (IAES)**

A placement selected by a child's IEP team or a due process hearing officer that will meet the child's needs. It might be considered when addressing discipline issues involving students with disabilities. The law outlines specific guidelines when the decision is being considered to place a child in an IAES.

**Individuals with Disabilities Education Improvement Act (IDEIA 2004)**

Formerly called the Education of Handicapped Children Act (Public Law 94-142). The Federal Law originally passed by congress in 1975. The law deals with the process of providing children with disabilities a free, appropriate, public education.

**Identification**

The process of locating and identifying children whom are in need of special services.

**Independent Educational Evaluation (IEE)**

An evaluation conducted by a qualified examiner who is not employed by the school district responsible for the education of your child. This evaluation is done at the school district's expense, when you disagree with the school's evaluation.



**Individualized Education Program (IEP)**

A written education plan for a preschool or school-aged child with disabilities, according to the guidelines of IDEA. Developed by a team of professionals (teachers, therapists, etc.) and the child's parent; it is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need.

**Individualized Family Service Plan (IFSP)**

A written statement for an infant or toddler (ages birth through 2 years old) developed by a team of people who have worked with the child and the family. The IFSP must describe the child's developmental levels, family information, major outcomes expected to be achieved for the child and the family. It must also include services the child will be receiving, when and where the child will receive these services, and the steps to be taken to support the transition of the child to another program. The IFSP will also list the name of the service coordinator assigned to the child and his/her family.

**Interpreter**

A person who interprets or translates communication in a way that is most familiar to a person who is hearing impaired.

**Intervention Assistance Team (IAT)**

A team of educators from the school that meets to design interventions for children who are experiencing difficulty.

**Intellectual Disability**

(Formerly Cognitive Disability or Mental Retardation) means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

**Least Restrictive Environment (LRE)**

To the maximum extent appropriate children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are non disabled. Special classes separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

**Limited English Proficiency (LEP)**

If a child has limited English, the IEP team must consider those language needs and how they relate to the IEP.

**Manifestation Determination Hearing**

When an Interim Alternative Educational Setting is being considered, a manifestation determination review must be held to determine that the behavior was or was not a manifestation of the child's disability.

**Mediation**

Parents and school district personnel, in an effort to resolve disputes at the lowest possible level, will hold an informal meeting or mediation. A representative of the Ohio Department of Education may be asked to mediate the dispute. Both the parents and the school district must agree to this process.

**Multidisciplinary Team**

A group of persons, across disciplines, that could include parents, teachers, a physical therapist, a speech and language pathologist, a child development specialist, an occupational therapist, or other specialists as needed.

**Multiple Disabilities**

Concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

**Occupational Therapy (OT)**

Related services that strengthen and develop a child's fine motor skills and may also include addressing sensory integration needs.

**Orientation and Mobility**

Related service focusing on training a child with a disability (particularly visual impairments) to move independently within his/her environment.

**Orthopedically Impairment**

A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. clubfoot, absence of some member, etc.) impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).

**Other Health Impaired (OHI)**

A disability condition that identifies a child to be eligible for special education services. Having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, hepatitis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes that adversely affects a child's educational performance. Individuals with ADD/ADHD may be served under OHI.

**Physical Therapy (PT)**

A related service that focuses on helping children strengthen, improve or develop their gross motor skills, such as walking, crawling, running, and wheelchair activities.

**Placement**

The classroom, program, service, and/or therapy that is selected for a student with special needs.

**Present Levels of Educational Performance**

Statements on the IEP that should accurately describe the effect of your child's disability on his or her performance in any area of education that is affected. This includes academic areas and nonacademic activities and reflects how your child will progress in the general curriculum.

**Reader**

A person who works with visually impaired children by reading school assignments to them.

**Referral**

The process of recommending a child suspected of having a disability that may require special education and related services for evaluation. Parents and/or professionals can make referrals.

**Related Services**

Transportation and developmental, corrective, and other support services that a child with disabilities requires in order to benefit from education. Examples of related services include: speech/language pathology and audiology, psychological services, physical and occupational therapy, recreation, counseling services, interpreters for those with hearing impairments, medical services for diagnostic and evaluation purposes, and assistive technology devices and services.

**Section 504**

Section 504 refers to the Civil Rights section of the Rehabilitation Act of 1973 (Public Law 93-112). It is a civil rights act that protects the civil and constitutional rights of persons with disabilities. Section 504 requires that public schools provide a free and appropriate education to each qualified person with a disability that is within the school district's jurisdiction.

**Section 504 Accommodation Plan**

When a child is considered to have a disability that substantially limits their learning, but does not meet the criteria for services under IDEA, he/she could be considered a person with a disability under Section 504. The accommodation plan should include a summary of evaluation data, documentation of eligibility determination, description of accommodations and the placement decision. It is recommended that a group of persons knowledgeable about the student's evaluation and placement convene to specify the services.

**Special Education**

Specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability.

**Special Education Coordinator**

The person in charge of special education programs at the school, district, or state level.

**Specific Learning Disability (SLD)**

A disability condition that identifies a child to be eligible for special education services. A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems that are primarily the result of visual, hearing, motor disabilities, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage.

**Speech or Language Impairment**

A communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

**Speech, Language Pathology**

A planned program to improve and/or correct communication problems.

**Surrogate Parent**

Someone who is appointed by the school district to act in the place of a child's parent, representing the child in all areas of educational matters if the child's parent cannot be located.

**Transfer of Rights**

Beginning at least one year before a student reaches the age of majority under state law (Ohio law is age 18). The student's IEP must include a statement that the student has been informed of his or her rights under Part B or the act that will transfer to the student on reaching the age of majority. They must be given a copy of "Whose IDEA Is This?"

**Transition**

The process of planned activities that may result in changes in services and the personnel who provide those services. There are at least three times in a child's educational career when transition activities should occur. These include: the move from early intervention services to preschool special education services; the move from preschool special education services to school age services; and the move from school age special education services to community life.

**Traumatic Brain Injury (TBI)**

A disability condition that identifies a child to be eligible for special education services. It is an acquired injury to the brain caused by external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

**Visual Impairment Including Blindness (VI)**

A disability condition that identifies a child to be eligible for special education services. Impairment in vision is determined through an eye examination, including assessment of low vision, by an appropriate vision specialist. Impairment has an adverse effect upon the child's educational performance and is evidenced through one of the three areas of criteria.

**Vocational Education**

A blend of hands on experiences and classroom instruction which teach specific job skills that will lead to employment.





**OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES**  
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