

INDIVIDUALIZED EDUCATION PROGRAM (IEP) REQUEST LETTER

To: _____

Recipient Information:

Name / Title: _____

School / District Name: _____

Address: _____

Phone / Email: _____

Student Information:

Full Name: _____

Date of Birth: _____

Grade / School Year: _____

Parent / Guardian Name(s): _____

Address (if different): _____

Phone / Email: _____

IEP Request Details:

This letter serves as a formal request for an Individualized Education Program (IEP) evaluation for the above-named student under the Individuals with Disabilities Education Act (IDEA). We believe the student may require specialized instruction and related services due to a suspected disability adversely affecting educational performance. We request that the school district initiate the evaluation process promptly and provide all procedural safeguards and notices as required by law. We also request to be provided with copies of all reports, assessments, and notices related to this evaluation and any subsequent meetings.

Additional Information / Concerns:

Please consider the following observations or information relevant to the student's educational needs:

Parent / Guardian Statement:

I/we understand the rights and protections under the IDEA and request that the school district comply with all applicable procedures. I/we consent to the evaluation of the student for special education eligibility and services. I/we understand that I/we may request an independent educational evaluation if disagreement arises regarding the evaluation results.

Acknowledgment of Receipt:

The school district acknowledges receipt of this IEP request letter and will respond within the timeframes mandated by

federal and state law. Please contact the undersigned if additional information is needed.

Parent/Guardian Signature

Signature: _____

Print Name: _____

Date: _____

School Official Signature

Signature: _____

Print Name: _____

Date: _____

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