Project HEAL at KKI: Sample Letter Requesting an IEP Meeting

Parent/Caregiver Address
Parent/Caregiver Phone Number
Date

| Name of Principal | | |
|--|----------------------------|---|
| Name of School | | |
| Address of School | | |
| City, State, Zip code | | |
| Re:(N | Name of Student); Reques | sting an IEP Meeting |
| Dear (Name of Principal): | | |
| is N | | (Name of Student), whose date of birth (grade level) grade at of School). |
| soon as possible in order to d | | alized Education Program (IEP) meeting as |
| I am available on the | following dates and time | |
| (Provide several dates and tir | mes). | |
| I will attend the IEP respective regarding my child: | _ | ng person(s) who have knowledge or special |
| (List the name and affiliation | of each person who will | be attending the meeting). |
| | | rith this request, please contact me at (work phone |
| number). The best time to re | each me is | (work phone (indicate time of day). |
| Thank you for your p | rompt attention to this ma | atter. |
| Sincerely, | | |
| (Name & Signature of Parent | t/Caregiver) | |

Cc: Name & Department of Kennedy Krieger Institute staff person(s) working with your child.

KEEP A COPY OF THE REQUEST FOR YOUR RECORDS.