

Name
Address
Phone number

Date

Principal
School
Address

Re: Student's Name (Date of birth: _____)

Dear Principal:

Our (son, daughter), Student's Name, attends School Name in the ____ grade. Name has an IEP meeting scheduled on Date and Time. Additionally, we would like to receive a copy of all documentation at least a week before the IEP meeting so that we can review it in preparation for the meeting. This documentation should include but not be limited to progress on goals and objectives with supporting documentation, present levels of performance, and proposed goals and objectives.

Finally, we will audio record the meeting held as a result of this request. (and bring our advocate.)

Thank you for your attention to these matters.

Sincerely,

Name
Mother

Name
Father

cc: _____, School Psychologist
_____, Program Specialist