

Date

Your Name  
Your Address  
Your Phone Number  
Your Email

Name of school principal and/or special education director

School district name and number

School district address

**Via Email** (email address)

Dear (name):

**Re: Full name of student**  
**D.O.B. (Student's date of birth)**

My son/daughter attends (name of school) and is in the ( ) grade. I am concerned that he/she is not receiving what he/she needs in order to benefit from the District's remote learning program.

In order to benefit from a Remote Learning Plan, my child needs (select from supports in table below. If the supports mentioned were already included in your child's IEP or 504 Plan, make a note of that as well). I am requesting (select from corresponding requests in table below).

*(Select what is relevant, fill in the blanks above from the idea bank below and delete the rest)*

Supports:	Requests:
<b>Special Education instruction</b>	<ul style="list-style-type: none"><li>- Direct, virtual special education instruction with my child's teacher</li><li>- Physical books, curriculum, worksheets sent to my home</li><li>- Time to talk with the teacher to consult about my child's programming</li><li>- Parent training on how to assist my child in participating in instruction, and/or on how to record data to measure progress</li><li>-Other: _____</li></ul>

Instruction from reading specialist or other instructional specialist	Direct, virtual minutes with instructional specialist
Related Services	Direct, virtual or phone (Speech and Language, Social Work, Occupational Therapy, Hearing or Vision Itinerant, Physical Therapy)
1:1 paraprofessional aide support	Direct, virtual minutes with my child's aide
Assistive Technology	<ul style="list-style-type: none"> <li>- specific Assistive Technology device needed</li> <li>- assistance in using the device</li> <li>- instruction on setting up the device or other tech help</li> <li>- help getting wifi/internet service in home</li> <li>- help to block sites to reduce distraction</li> <li>-Different software to better engage child</li> </ul>
BCBA support	<ul style="list-style-type: none"> <li>- Direct, virtual minutes with BCBA</li> <li>- Time to consult with BCBA about my child's behavior</li> </ul>

*(If you would like to request an IEP meeting, 504 meeting, or request evaluations, please see our other form letters for examples of how to make those requests.)*

*(If your school district has reduced or suspended any of your child's services without a discussion with you about your child's specific needs, you can say the following:*

I disagree with the District's decision to (reduce/suspend) (specific service) that my child is entitled to receive. This decision was not made individually and was not based on any discussion of my child's needs or the impact of a reduction in services. I am requesting a meeting as soon as possible to discuss how the District will revise its plan in order to provide the services my child needs.

*(If the materials provided are not accessible to your child, you can say the following:*

The materials the District has sent home for my child are not accessible for him/her because (specific reasons materials are not accessible; ex. child is blind and materials are not in braille or child can see but can't read directions). I am requesting that accessible materials be sent home as soon as possible and/or that additional staff support be provided so my child can have equal access to the remote education the District is providing.

If a meeting is needed to discuss my concerns and requests, I consent to participating by phone or videoconference. If you have any questions, please do not hesitate to contact me. I look forward to hearing back from you as soon as possible.

Sincerely,

Your full name

Phone number

Email