IEP Workshop
Sample correspondence letters and IEP forms

Sample Letters:
- Evaluation request letter
- Independent evaluation request
- Student record request
- School's final notice of recommendation
- Letter to provide special education director with parent’s private evaluations
- Letter requesting a meeting with the school psychologist
- Request for new psycho-educational evaluation

IEP Forms:
- Psycho-educational evaluation
- Education assessment
- Child behavior checklist for ages 6–18
- Social history
- Private evaluation
- Sample speech and language assessment report
- Observation (for initial evaluation)
- Parent evaluation checklist
- Parent evaluation keys checklist

Copyright © 2012 by the Attainment Company
Sample Evaluation Request Letter

Your Name

Your Address

Date

Special Education Director

School District

School Address

Re: Student

Dear Director,

I suspect that my child may have a disability. Please evaluate him/her to determine if he/she needs special education programs or services.

Your Name

cc: Principal

Sample letter requesting an evaluation. There can be no request for services without an evaluation by the school district. Nothing happens without an evaluation by the school district.

A parent/guardian must give written consent before a child can be evaluated.
Dear Director,

I am requesting Independent Educational Evaluations at the school district’s expense. I believe the school’s evaluations are inaccurate and do not represent my child’s strengths and weaknesses as I previously reviewed them with you.

Your Name

cc: Principal

Sample letter requesting independent educational evaluations when a parent finds the school’s evaluations inadequate.

Refer to the law section regarding the district’s responsibility to pay for IEE.
Dear Director,

I am requesting copies of my child’s complete educational records for the years 2010–2011. Please advise if there is any charge for the records.

Your Name

cc: Principal
Dear Parent/Guardian,

On May 22, 2011, the Special Education Committee conducted a meeting to discuss the educational needs of your child.

You were invited to attend that meeting. As a result of that meeting the Special Education Committee made the following final recommendation:

Classification: Other Health Impaired

Program: Team Teaching

Related Services: Group Counseling 1:30:3
Occupational Therapy

School: ________________________________

Attached find the IEP upon which the recommendation is based and other programs are considered.

If you agree with the recommendation and wish to begin immediately, sign the bottom form and return it.

Should you wish to discuss this final recommendation further, please call.

I HAVE RECEIVED THE FORM AND UNDERSTAND THE IEP RECOMMENDATIONS.

Child’s Name: ________________________________

Date of Birth: ________________________________

School: ________________________________

Parent’s Signature: ________________________________
Sample Letter to Provide Special Education Director with Parent’s Private Evaluations

Your Name
Your Address

Date

Special Education Director
School District
School Address

Re:  Student

Dear Director,

I am enclosing my child’s evaluations from our neurologist and our psychologist. I will be referring to these reports at our IEP meeting.

Your Name

cc:  Principal

Sample letter informing school of parent’s reports to be used at IEP meeting.
Sample Letter Requesting a Meeting with the School Psychologist

Your Name

Your Address

Date

School District Special Education Chairperson

School Address

Re: Student

Dear Director,

I am requesting a meeting with the School Psychologist to discuss some of the inaccuracies in the psycho-educational evaluation.

Your Name

cc: Principal

Sample letter requesting a meeting to discuss inaccuracies in psycho-educational evaluation.
Sample Request for New P-Evaluation

Your Name

Your Address

Date

School District Special Education Chairperson

School Address

I met with the School Psychologist and discussed some of the inaccuracies in the psycho-educational evaluation of my child. I am requesting a new psycho-educational evaluation because of the inaccuracies.

Your Name

cc: Principal

Sample letter requesting school perform a new psycho-educational evaluation
Psycho-Educational Evaluation
For Educational Purposes Only

Name:

Date of Birth:

Date of Evaluation:

School:

Grade:

Type of Evaluation:

Tests Administered:

Reason for Referral:

Background Information:
Psycho-Educational Evaluation (2)

Behavioral Observations:

Cognitive Assessment:
<table>
<thead>
<tr>
<th>Reading</th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Range</th>
<th>Grade Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math Reasoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spelling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social/Emotional:
<table>
<thead>
<tr>
<th>Internalizing</th>
<th>T Scores</th>
<th>Percentile</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious/Depressed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawn/Depressed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somatic Complaints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Social Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Thought Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Attention Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Externalizing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rule-Breaking Behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggressive Behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somatic Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oppositional Defiant Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internalizing Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Externalizing Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*These scales are not part of the Internalizing and Externalizing area scores, but are included in the Total Problem area scores.
Summary:

Recommendations:

Name of Evaluator:
Social History

Name:
Address:
Phone Number:
School:
Grade:
Parent:
Clinician:
Date:

Reason For Referral:

School History:
Developmental History:

Health:

Student’s Social/Emotional Functioning:

Family:

Parental Expectations of Special Education Team:

Summary:
Private Evaluation
Compare to School’s Evaluation

Telephone:
Mailing Address:
Name: Student
School:
D.O.B.:
Parents:
Age:
Address:
Grade:
Psychological Evaluation:

Tests Administered:

Reason for Referral:

Brief Background:
Test Behavior:

Summary of Test Results:
Wechsler Intelligence Scale

<table>
<thead>
<tr>
<th>Verbal Comprehension Index</th>
<th>Perceptual Reasoning Index</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Working Memory Index</td>
<td></td>
</tr>
<tr>
<td>Processing Speed index</td>
<td></td>
</tr>
<tr>
<td>Full Scale IQ</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Verbal Comprehension SS</th>
<th>Perceptual Reasoning SS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similarities</td>
<td></td>
</tr>
<tr>
<td>Vocabulary</td>
<td></td>
</tr>
<tr>
<td>Comprehension</td>
<td></td>
</tr>
<tr>
<td>Information</td>
<td></td>
</tr>
<tr>
<td>(Word Reasoning)</td>
<td></td>
</tr>
</tbody>
</table>
### Private Evaluation (3)

<table>
<thead>
<tr>
<th>Working Memory</th>
<th>Perceptual Speed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digit Span</td>
<td></td>
</tr>
<tr>
<td>Letter Number</td>
<td></td>
</tr>
<tr>
<td>(Arithmetic)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wide Range Achievement Test—Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS</td>
</tr>
<tr>
<td>----</td>
</tr>
<tr>
<td>Reading</td>
</tr>
<tr>
<td>Spelling</td>
</tr>
<tr>
<td>Arithmetic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bender Gestalt</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ravens Progressive Matrices</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spache Reading Inventory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Boston Naming Test</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Peabody Picture Vocabulary Test Age 7-0</th>
</tr>
</thead>
</table>

(page 3 of 6)
Private Evaluation (4)

Gallistel Ellis Test of Coding Skills:

Detroit Test of Learning Aptitudes:

Beery Buktenica Developmental Test:
Token Test  Part IV  Part V  (Average 495-505)
Wepman:

<table>
<thead>
<tr>
<th>Key Math</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Basic Concepts</td>
</tr>
<tr>
<td>Operations</td>
</tr>
<tr>
<td>Applications</td>
</tr>
</tbody>
</table>

Illinois Test of Psycholinguistic Abilities:
Private Evaluation (p. 5)

Interpretation of Test Results:

Cognitive Functioning
Private Evaluation (p. 6)

Educational Achievement Reading Readiness:

Arithmetic:

Emotional Functioning:

Summary:
Sample Speech and Language Assessment Report
Sample To Be Used for Educational Purposes Only

Name:
Date of Birth:
Date of Evaluation:
Examiner’s Name:

Reason For Referral:

Observations:

Test Administered:

Results:
CELF:
Sample Speech and Language Assessment Report (2)

Summary:
Recommendations:
Observation

Only Necessary On An Initial Evaluation

Compare to your own observations at home

Student’s Name:________________  School:__________________________________
Age:_________________________  Program:______________________________
Date of Observation:___________  Observer’s Name:_________________________

Setting:
No. of Students_______________  No. of Adults __________________________
Where is student seated _________
Subject observed_______________

General Description of Student:
Grooming: _____well _____adequate _____poor
Dress: _____well _____casual _____poor

Interaction with Teacher:
_____respectful _____compliant _____quiet _____fearful
_____indifferent _____intrusive _____defiant
_____belligerent _____abusive _____initiates interaction
_____responds when teacher initiates interaction

Interaction with Classmates:
_____cooperative _____quiet _____withdraw _____isolated
_____intrusive _____domineering _____bothers, distracts
_____abusive _____initiates interaction
_____responds when peer initiates interaction

Comments ___________________________________________________________________________
Observation (2)

Attention Span:
- good
- average
- inattentive
- self-absorbed
- attentive only when teacher attends to student

Does student respond to teacher’s attempt to refocus?
- Yes
- No
- inconsistent
- quickly
- after repeated requests

Comments

Class Participation:

Does student follow lesson plan?
- Yes
- No

Student answers questions:
- spontaneously
- when called on
- refuses to do so

Comments

Does student do assigned work?
- Yes
- No

Student has:
- pen/pencil
- notebook
- book

Disruptive, Inappropriate, Unusual Behavior:
- calls out
- out of seat
- talks to peers
- talks to self
- laughs and giggles to self
- destruction of property
- physical aggression to peers
- physical aggression to teacher
- hyperactive
- facial grimaces

Other Behaviors

Overall Impressions:
Parent Evaluation Checklist

After reading your child’s evaluations, answer the following questions:

☐ Do the evaluations accurately reflect your child’s strengths and weaknesses?

☐ Do the evaluations contain accurate information?

☐ Compare the evaluations to your child’s report cards and class work. Are they similar or different?

☐ Are all the evaluations consistent with each other, or are there discrepancies?

If the answer is NO to any of the above questions then:

1. Highlight the discrepancies and list the reasons why you think they are wrong.

2. Contact the Special Education Supervisor to review the discrepancies.

3. Request new or additional evaluations.

4. Arrange for your own private evaluations.

5. Ask for independent evaluations at the school district’s expense.*

*See The Law
Parent Evaluation Keys Checklist

☐ Keep your portfolio in chronological order with the current information on top

☐ Have you dated your observations at home?

☐ Do you have all of your child’s medical records?

☐ Do you have all of your child’s report cards and school records?

☐ Have you reviewed the school’s evaluations and asked for clarification from the school?

☐ Have you highlighted any incorrect statements or discrepancies on the evaluations?