

PARENT EXCEPTIONS TO THE IEP

DATE: _____ **DELIVERED VIA:** Fax Registered Mail In Person

FROM:

Parent/Guardian/Educational Rights Holder: _____

Street Address: _____

City, State, Zip: _____

Telephone Number(s): _____

Email (if applicable): _____

TO:

Director of Special Education: _____

School District: _____

School District Street Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email (if known): _____

RE:

Student Name: _____ Birth Date: _____

Student School: _____

School Address: _____

Date of IEP Meeting: _____

As a parent of the student referenced above and as a member of the IEP team, I ask that this letter be attached to the IEP and that I receive a written response to my concerns with 10 business days.

____ Attached are my notes of the IEP which I need included with the notes.

____ These are the concerns that I have with the IEP and here is the information that I would like to add:

Please confirm it has been input into SEIS.

____ I can only sign partial consent to the IEP. The part(s) I disagree with in the IEP is the following:

____ I cannot sign the IEP until I have the following information about the placement that the school is considering for my child (check all that apply):

- ____ ADULT TO STUDENT RATIO IN CLASS AND DURING FREE TIMES (LUNCH/RECESS)
- ____ INFORMATION ABOUT TEACHER QUALIFICATIONS AND CREDENTIAL(S) HELD
- ____ INFORMATION ABOUT AIDE/PARA-EDUCATOR TRAINING
- ____ CURRENT CLASS SIZE AND CAP ON CLASS SIZE
- ____ OPPORTUNITIES TO PARTICIPATE WITH AND LEARN WITH NON-DISABLED PEERS
- ____ SUSPENSION AND EXPULSION DATA FOR THE LAST TWO YEARS
- ____ RESTRAINT AND SECLUSION DATA FOR TWO YEARS
- ____ RATE OF RETURN TO LESS RESTRICTIVE SETTING AFTER TWO YEARS
- ____ CALIFORNIA STATE TESTING DATA (CST, Common core testing, etc).
- ____ DIPLOMA/GRADUATION RATES if applicable
- ____ OPPORTUNITY TO TOUR/VISIT with my child

____ OTHER (DESCRIBE): _____

Sincerely,

Parent/Guardian/Educational Rights Holder Signature:
