DATE

SUPERINTENDENT NAME

Superintendent

SCHOOL DISTRICT NAME

SCHOOL DISTRICT OFFICE ADDRESS

CITY OR ZIP

**Re: ODE Complaint: STUDENT FULL NAME (DOB: MM/DD/YYYY), violations of IDEA**

Dear SUPERINTENDENT NAME:

I write to you today in complaint of the education my child has received in SCHOOL DISTRICT NAME, particularly regarding the inadequacies and inappropriate school staff response at SCHOOL NAME to [EXAMPLE: my requests for evaluation for special education services.]

My child’s full name: STUDENT FULL NAME

My child’s date of birth: MM/DD/YYYY

My child’s home address: ADDRESS

My child’s school: SCHOOL OF ATTENDANCE

My child’s disability: DISABILITY/DISABILITIES

My name: YOUR FULL NAME

My address: ADDRESS

My email: YOUR EMAIL

My phone: YOUR PHONE

Following are samples of specific issues of concern. Revise the text to fit your child’s experiences and needs. Example language is highlighted in green. Text you should replace with your specific information is highlighted in yellow

1. [EXAMPLE] My child has disabilities and the district has refused to evaluate them for special education related to those disabilities.

Description: Describe your child’s disabilities, where and when she was diagnosed. Describe the impact of those disabilities on your child’s education program Describe the impact of this plan on your child in terms of stress, shutting down, anxiety, etc. Describe when you began asking for the district to evaluate your child for disabilities and special education help.

Proposed Resolution: (1) Evaluate my child immediately on an expedited schedule, even if the evaluation must be conducted during the summer; (2) if my child is determined to meet eligibility under the IDEA, convene an expedited facilitated IEP meeting so that she may begin receiving specially designed instruction by MONTH, YEAR; (3) district to pay the cost of the Writing Placement assessment at [LOCAL COMMUNITY COLLEGE]; (4) enroll my child in three terms of writing courses at the community college at the level recommended by the placement assessment, even if the third term of the community college writing course is accessed during the summer or fall of YEAR; and (5) provide one hour of tutoring as compensatory education in writing for each hour of writing class enrolled in at community college as described in Remedy 1.4 above.

1. [EXAMPLE] The district school psychologist actively worked to dissuade me from pursuing a special education evaluation.

Description: Describe with details the School Psych’s statement that you did not want special education because your child would not like it. Include the school psych’s statement to your child that “People who need an IEP know what an IEP is.”

Proposed Resolution: (1) Require training for school psychologists on the appropriate response when a parent approaches with concerns and a request for an evaluation, even if the parent does not use the “magic words” of “special education evaluation for potential eligibility under IDEA.” and (2) require advertising to families of students in high school relating to their rights to request evaluation for special education eligibility.

1. NEXT ISSUE.

Description: DESCRIBE NEXT ISSUE WITH DETAILS.

Proposed Resolution: WHAT ACTIONS CAN RESOLVE THIS ISSUE?

1. NEXT ISSUE. (if you need to detail additional issues)

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1. LAST ISSUE: I may be required to engage an attorney to assist me in these issues. If I am required to hire an attorney, I request that the district reimburse the cost of my attorney.

Respectfully,

Your name
Your email
Your cell