

**The Book of Sample Letters:**

***Everything You Need to Build a Paper Trail for Your Child’s Special Education Career***

**The Importance of Building a Paper Trail**

This publication is filled with sample letters to help you build a paper trail of your child with tuberous sclerosis complex’s (TSC’s) special education career. Even if you have a good relationship with your school system, it is still important to document everything. Most disagreements happen when a misunderstanding occurs regarding what took place or what was stated in a meeting. Getting in the habit of always providing follow-up documentation will not only help you; it will also help the school system remember what your child’s needs are.

This publication explains why and when each letter is needed and provides concrete examples. These letters should always be sent in a way that confirms they were received, such as an e-mail or certified snail mail.

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**Letter of Introduction**

It Is always Important to educate the school system on the complexities of TSC and your child's manifestations. Please provide the school with "Teacher's Guide: Educating a Child with TSC" at <http://online.fliphtml5.com/tosk/dpvf/> and "TAND and Education" at <http://online.fliphtml5.com/tosk/acsc/> Then provide them with a Letter of Introduction.



Date:

Re: (Your Child's Name)

To whom It may concern:

I am the parent of *(your child’s name)* who attends school at *(name of the school)* and born *(date of birth).*

**Explain what medical issues your child has had or has (surgeries/medications and side effects).**

*Example: Jill is a six-year-old child diagnosed with tuberous sclerosis complex. Tuberous sclerosis complex (TSC) is a genetic disease that affects one in every 6,000 live births. TSC causes tumors to develop in the skin, kidney, brain, heart, eyes, lungs, liver, oral cavity, and many other organs. The severity of an individual with TSC can vary from mild to severe, depending on where those tumors are and the manifestation caused by the tumors. TSC is also the leading genetic cause of epilepsy and autism.*

*Jill has a history of drug-resistant seizures. She has had brain surgery to remove her right occipital lobe to stop uncontrollable seizures. She also on the following medication(s) (name of medication(s) which has the following side effects (list of side effects).*

**List each manifestation and how It impacts their education.**

*Example: Jill is diagnosed with ADHD and Intellectual Disability. (Explain here what your child struggles are in learning. Include any accommodations/modifications that have worked in the past.)*

**Describe your child's personality.**

*Example: Jill is a happy energetic young girl who loves school and learning.* *She gets frustrated when learning new concepts and can overreact to criticism. She likes routine and needs to know when a change is coming before it happens.*

Sincerely,

Name

Address

City, State, Zip Code

Email Address

Phone

**Letter from Your Child's Doctor**

Having a letter from your child's doctor to go along with your Letter of Introduction will reinforce what you are saying in your Introduction letter. This letter should be written to help the school understand your child's specific needs.



**Doctor Office Letterhead and Department**

Date

Re: (Child's Name)

Date of Birth: ( )

To whom It may concern:

I am the (type of doctor) for (name of child) with the diagnosis of tuberous sclerosis complex. Tuberous sclerosis complex (TSC) is a rare genetic disease that affects one in every 6,000 live births. TSC causes non-malignant tumors to develop in the skin, kidney, brain, heart, eyes, lungs, liver, oral cavity, and many other organs. The severity of an individual with TSC can vary from mild to severe, depending on where those tumors are and the manifestation caused by the tumors. TSC is also the leading genetic cause of epilepsy and autism.

**Briefly explain the medical history of the child and surgeries/medications.**

**Briefly explain the areas that will have the most impact on the child's learning and any recommendation you may have. Be specific in your recommendations avoiding subjective language (may need, might need, may benefit from). *Use language such as: In order for (name of child to progress in the general education curriculum they will need (longer processing time, a quiet place to refocus, research-based reading program for Individuals with dyslexia etc.)***

Please do not hesitate to contact my office at (email/phone number) if you have any questions.

Sincerely,

Signature

**Follow-Up Letter After Communication with the School**

Following up any communication with the school is key to building a good paper trail. Two individuals may not hear the same thing in a conversation so reinforcing a face-to-face meeting or phone call with documentation is always a good practice. It can head off issues and misunderstandings before they happen. Using the simple who, what, when, where, and why in your letter are always a good way not to leave anything discussed out of your documentation. This may seem like a lot of work, but once you get used to it, doing it comes easier.



Date

Person’s Name

Person’s Title

School or School District

Street Address

City, State, Zip Code

Re: Student’s Name

Date of Birth

Student’s Grade

Dear (Mr., Ms., Dr.,)

During our (our meeting, phone conversation) we discussed my child’s (evaluation, eligibility, placement, IEP, service, etc.). We were in agreement that:

* Why (reason for the meeting, phone conversation, or meeting)
* Where (will it happen)
* When (will it happen)
* What (will happen)
* Who (is responsible)

Please let me know if you have any corrections or additions to my assessment of our (meeting, phone conversation) within five school days. If I do not hear from you, I will assume you are agreement with my account of our (meeting, phone conversation, or conversation is person).

Sincerely,

Name

Address

City, State, Zip Code

Email Address

Phone

CC: Principal

**Letter of Appreciation**

It is always good practice to let a school system know when it is doing things right. Building a positive relationship with your school district will help if disagreements develop later down the road.



Date

Person’s Name

Person’s Title

School or School District

Street Address

City, State, Zip Code

Dear (Mr, Ms, Dr.)

 I am the parent of *(your child’s name)* who attends school at *(name of the school)* and born *(date of birth).*  I am writing to let you know how very pleased I am with the education (*child's name*) is receiving at (*name of school*).

*(Explain why you feel they are doing a good job. Make sure you name specific teachers, therapists, administrators, and/or support staff by name.)*

It is good to know my child has the right placement and that everyone at *(name of school*) believes in the future of all students, including those with disabilities.

Thank you for all you do.

Sincerely,

Name

Address

City, State, Zip Code

Email Address

Phone

CC: Everyone mentioned in your letter and superintendent

**Request for Initial Evaluation for Special Education**

It is not uncommon for students with TSC to have learning issues in the areas of reading, writing, mathematics, and spelling. They can also struggle with behavior and attention issues – all of which can be supported through special education. To learn more about the Individuals with Disability Education Act (IDEA) and your rights as a parent go to <http://online.fliphtml5.com/tosk/pukr/>.

The sample letter on the next page is for requesting an initial evaluation. It’s best for this letter to be sent certified mail so you have a signed signature it was received. It is always a good idea to copy the principal and superintendent so everyone knows you have requested an evaluation.

Under IDEA the time frame for the initial evaluation does not start until the school has your written permission. Some schools require an initial evaluation permission form signed before they move forward with the evaluation. IDEA states a school district has 60 calendar days to perform an evaluation and put an individual education plan in place if deemed necessary. However, this may be slightly different in your state.

To find out about your state regulations on IDEA, check with your local Parent Training and Information (PTI) Center, which will provide your state’s regulations on initial evaluation on their website. Find your local PTI at <https://www.parentcenterhub.org/find-your-center/>.



Date

Head of Special Education

Home School District

Street Address

City and Zip Code

Dear (Mr., Ms., Dr.)

I am the parent of *(your child’s name)* who attends school at *(name of the school)* and born *(date of birth).* I am requesting an evaluation under the Individuals with Disability Education Act (IDEA). I suspect my child of having a disability that meets the criteria to receive special education services.

*(Describe the problems your child is having in education and why you feel your child needs special education services. Be sure to include diagnosis, recommendations from your physician, and information from about TSC from the TS Alliance).*

Please consider this my written permission to perform an evaluation under IDEA. If the school has its own permission form, please forward it to me within the next five school days. If I do not hear from you within five school days, I will consider this meets your requirements for my permission to evaluate my child.

It is my understanding that under IDEA the evaluation will be completed within 60 calendar days *(check* *your state regulations)* of receiving my permission to evaluate my child.

Sincerely,

Name

Address

City, State, Zip Code

Email Address

Phone

CC: Principal and Superintendent

**Letter for Administrative Review**

Sometimes the school may refuse to evaluate and instead provide a Response to Intervention Model (RTI) first. The school has authority to choose the RTI process to determine whether a child has a specific learning disability.

It will first determine if the child responds to scientific, research-based interventions. The problem with this type of intervention is the 60-day time frame does not start until after the RIT process is completed. Sometimes it will be a full school year before the school will move forward with testing. This means your child may experience a year of failure and/or struggle before you can get them help.

Get the school to give you a time frame and get it in writing. (See meeting follow-up letter on page 8.) At this point you may want to bring it to the superintendent of your home school district and request an administrative review. Remember on your evaluation request to copy the superintendent. On the next page is a letter to the superintendent requesting an administrative review. You will also need to copy the School Board President on this letter.

This letter can be sent through snail mail or email. Just make sure you have the recipient verify he/she received and opened it if you sent by email. There should be an option setting in your email for “read receipt.” If you can’t find this option, then this letter should be sent via certified mail.



Date:

Superintendent of Your Home School District

Home School District

Street Address

City and Zip Code

Dear (Mr. Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I have requested an evaluation under IDEA on (date you sent your letter). I have met and /or spoken with (state here everyone you have spoken and/or met with and when). At this time, they are refusing to evaluate my child.

I suspect my child of having a disability under IDEA because:

* *Diagnosis*
* *Recommendations of your physician*
* *TS Alliance Information on TSC (Introductory to TSC)*

*If the school is doing an RTI explain here, why you feel it is not working.*

I would like to have an administrative review to discuss my concerns. I will look forward to hearing from you within three school days.

Sincerely,

Name

Address

City, State, Zip Code

Email Address

Phone

CC: School Board President

**Request for an Independent Education Evaluation**

Just because your child is struggling, a school evaluation does not mean it will find your child is eligible for special education. Remember, if you don’t agree with the school’s evaluation don’t sign anything. IDEA has a procedural safeguard for parents when you disagree with the school’s evaluation. If you firmly believe your child needs support services, you can request an Independent Educational Evaluation (IEE). The school should provide you with a list of independent evaluators near you who do not work with or for the school system. You can also find someone yourself, but he or she must perform the same type of testing the school system provided. An IEE is done at the expense of the school system, not the parent. If the school refuses to pay for the IEE it must initiate a public hearing to show the evaluation was appropriate.

The next page includes a sample letter for requesting an IEE.



Date

Head of Special Education

Home School District

Street Address

City and Zip Code

Dear (Mr., Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I have had an evaluation done by (*the name of the home school district*). The evaluation’s results were given to me on (*date of your evaluation team meeting*). I do not agree with the outcome of this evaluation.

It is my understanding IDEA §300.502 states I am entitled to an Independent Educational Evaluation (IEE) at public expense. Please send me a list of independent evaluators in this area.

Also, I understand if I choose to pay for a private IEE and it meets the public agency’s criteria, the results must be considered in the planning of an IEP and that my IEE may be used as evidence at a due process hearing.

If I do not hear from you within five school days, I will assume you are initiating a public hearing to show your evaluation is appropriate.

Sincerely,

Name

Address

Phone

Email

Cc: Superintendent

 School Board President

**Request for an IEP**

Once your child is in special education with an Individualized Education Plan in place, but things are not being implemented as the IEP states or your child is not progressing, you may need to request an IEP meeting. You can request an IEP meeting at any time. You can also request as many meetings you feel are necessary to make sure everyone on the IEP Team is on the same page. A letter requesting an IEP meeting with the IEP Team is on the next page.



Date

Special Education Director

Home School District

Street Dddress

City and Zip Code

Dear (Mr., Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I am formally requesting an Individual Education Plan (IEP) meeting with (your child’s name) IEP Team.

*Describe why you feel the IEP Team needs to meet in detail and who on the team you want at the meeting. Remember, if you want therapists or anyone not required by IDEA to be in the meeting you must request they attend. To learn more about who is required by law to attend an IEP go to:* [*http://online.fliphtml5.com/tosk/pukr/*](http://online.fliphtml5.com/tosk/pukr/)*.*

It is my understanding that I, as an IEP team member, I can request an IEP meeting any time I have issues or concerns. Please get back with me within three school days with some days and times that work for the other IEP Team members.

Sincerely,

Name

Address

Email

Phone

CC: Principal

**Request for a Functional Behavior Assessment/Behavior Intervention Plan**

Children with TSC often experience TSC-Associated Neuropsychiatric Disorders (TAND) issues. The most recent surveys in children and adolescents with TSC confirm rates between 44-69% having social-communication difficulties (including poor eye-contact, repetitive and ritualistic behaviors and speech and language delay); disruptive behaviors in 40-50% (including over-activity, restlessness, impulsivity, aggressive outbursts, temper tantrums, and self-injurious behaviors) as well as mood-related difficulties (including depressed mood, anxiety, extreme shyness); and sleep problems in 20-50%.

When a child is in school and the behavior interferes with his/her learning and/or the learning of others, a formal Behavior Intervention Plan (BIP) should be placed on the student’s IEP or 504 Plan.

Since behavior is a common issue for individuals with TSC, a Functional Behavior Assessment (FBA) should be performed to determine what triggers the behaviors. An FBA will give much-needed information to develop a positive Behavior Intervention Plan (BIP).

To learn more about behaviors and TSC go to:

<http://online.fliphtml5.com/tosk/acsc/> for the ***TAND and Education publication*** written for educators or

<http://online.fliphtml5.com/tosk/wdyv/> for a ***Behaviors and TSC publication*** aimed at parents and caregivers.



Date:

Persons name

Person’s title

School or school district

Street address

City, state and zip

Dear (Mr., Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I am formally requesting a Functional Behavior Assessment (FBA) for my child. It is my understanding under the Individuals with Disability Education Act when a child’s behavior interferes with his/her learning or the learning of others, an FBA needs to be performed to develop a Behavior Intervention Plan or update an existing one. Because of recent events I feel an FBA needs to be done to *(develop a Behavior Intervention Plan and/or update an existing one)* so my child can meet his/her IEP goals and progress in the general education curriculum.

*Explain here what recent events have taken place that reflect your concerns utilizing your why questions:*

* *Why (behaviors or incidents that explain the need for the FBA)?*
* *Where (did these incidents happen)?*
* *When (when did they incidents happen days, times, environment(s)?*
* *What (what course of actions did the school take as consequences for these incidents)?*
* *Who (implemented the consequences for these incidents)?*

Please consider this my written permission to do a Functional Behavior Assessment. It is my understanding the IEP Team will then review the Functional Behavior Assessment and (update or develop) (*name of child*) a Behavior Intervention Plan (BIP). I am requesting this FBA be expedited because my child is not progressing on his/her IEP goals and the general education curriculum.

I will look forward to being an active participant working with (*child’s name*) IEP Team. If I do not hear from you with three school days, I will assume you are moving forward with the FBA.

Sincerely,

Name

Address

Email

Phone

Cc: Principal

**Request for Review of a Behavior Intervention Plan**

Because TSC changes frequently and without warning, the Behavior Invention Plan (BIP) may need to be reviewed and/or updated for many reasons. For example, there could be changes in medication, changes in seizure activity, or TAND manifestations may have increased or been diagnosed to name a few. But, one of the biggest reasons is the existing BIP is not working. If your child has a BIP and has been repeatedly taken out of his/her learning environment or been suspended/expelled, then the BIP is NOT working or not being implemented as written.



Date:

Special Education Director

Home School District

Street address

City and Zip Code

Dear (Mr., Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I am formally requesting an Individual Education Plan (IEP) meeting to review and update (*your child’s name*) Behavior Intervention Plan (BIP).

*Describe in detail here why you feel the IEP Team needs to meet to update the Behavior Intervention Plan and who on the team you want at the meeting. Remember if you want therapists or anyone not required by IDEA to be in the meeting you must request they attend. To learn more about who is required by law to attend an IEP go to:* [*http://online.fliphtml5.com/tosk/pukr/*](http://online.fliphtml5.com/tosk/pukr/)*.*

It is my understanding that, as an IEP team member, I can request an IEP meeting at any time when there are issues or concerns regarding supports and services on an IEP. Please get back with me with some days and times that work for the other IEP Team members to review and update (your child’s name) BIP. I will look forward to hearing from you within three school days.

Sincerely,

Name

Address

Email

Phone

CC: Principal

**Request for a Manifestation Determination**

TSC-Associated Neuropsychiatric Disorders (TAND) are common in children with TSC. To learn more about these issues, go to <http://online.fliphtml5.com/tosk/acsc/>.

Manifestation Determination, a process guaranteed by the Individuals with Disabilities Education Act, is undertaken when a school is considering the removal (such as expulsion) of a student with a disability. A Manifestation Determination must be completed within 10 school days when there is a change in placement:

* A change in placement occurs any time a child is suspended or expelled for more than 10 consecutive school days. The school would have to suspend, expel, and not implement the IEP as written for 10 + 1 school days before this is considered a change in placement.
* A change in placement occurs if the child has been subjected to a series of removals constitute a pattern:
1. The series of removals total more than 10 school days in one year;
2. The child’s behavior is substantially similar to the child’s behavior in previous incidents that resulted in the series of removals; and/or
* Additional factors such as the length of each removal,
* The total amount of time the child has been removed, and
* The proximity of the removals to one another.

**Parents can request a Manifestation Determination before the school does. When a manifestation occurs, TAND must be considered when determining if the behavior is a manifestation of the child’s disability.**



 **TAND**

Date:

Special Education Director

Home School District

Street Address

City and Zip Code

Dear (Mr., Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I am formally requesting a Manifestation Determination. (*Your child’s name*) was expelled from school for more 10 school days (*date of expulsions*) for (*describe the behaviors*). It is my understanding this constitutes a change in placement and a manifestation determination must be held within 10 calendar days from the date a change in placement happens.

*Or*

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I am formally requesting a Manifestation Determination. (*Your child’s name*) has been suspended from school on numerous occasions. (*Describe why the suspensions constitute a pattern of suspensions (outline dates, days, and behaviors*). It is my understanding when there is a series of suspensions that constitute a pattern, it is considered a change in placement and a manifestation determination must be held.

My child has tuberous sclerosis complex (TSC), and I have attached information on TSC-Associated Neuropsychiatric Disorders (TAND). I have included information on TAND and Education. This information must be taken into consideration when determining if my child’s behavior is a manifestation of his disability. It is my understanding a Manifestation Determination must be held within 10 calendar days once a change in placement has occurred. Please get back to me within three school days.

Sincerely,

Name

Address

Email

Phone

CC: Principal

 Superintendent

**Request for a Prior Written Notice**

Any time you disagree with your school system on plans to take or refuse to take actions related to the identification, evaluation, and/or educational placement, it’s always a good idea to ask for prior written notice to get in writing what the school is offering in regards to what it feels is a Free Public Education (FAPE) for your child.

***This letter should be sent certified mail!***



Date:

Special Education Director

Home School District

Street Address

City and Zip Code

Dear (Mr., Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). It is my understanding under IDEA, I must receive prior written notice from the school within a reasonable period before the school plans to take or refuses to take actions related to the identification, evaluation or educational placement of my child as well any time the school plans take or refuses to take action related to the provision of FAPE for my child.

Under prior written notice, you are required to provide me within a reasonable period a detailed description in writing of:

1. The action refused by the school district.
2. An explanation of why the school district refuses to take the action.
3. A description of each evaluation procedure, assessment, record or report the district used as a basis for the refused action.
4. A description of any other options the IEP team considered, and the reasons for the rejection of those options.
5. A description of any other factors relevant to the school district’s refusal.
6. Sources I can contact to understand this provision.
7. A statement of the protections I have under the district’s procedural safeguards.

I will look forward to hearing from you within three school days from the date you receive this letter.

Sincerely,

Name

Address

Email

Phone

CC: Principal

 Superintendent

**Request to File a State Complaint**

A written complaint can be filed by any organization or individual claiming a school district within the state has either violated a requirement of Part B of IDEA (the part that contains all requirements regarding the delivery of special education services) or the state’s special education law or regulations. State complaints must be filed within one year of the alleged violation. State Departments of Education usually have a state-specific complaint form\* on their websites. If you submit this form through the website, be sure follow it up with a written letter of complaint sent certified mail. Timelines will be different from state to state so check out your state’s timeline.

**\***Each state department of education has its own forms for parents to use regarding Due Process, Mediation and/or State Complaints. However, it never hurts to follow up with a letter after filing online.



Date:

State Department of Education

Complaint Department

Street Address

City and Zip Code

Dear (Mr., Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I have filed a due process electronically and am following it up with this letter.

I am filing a complaint about (*your home school district*), which has violated (*a requirement of Part B of IDEA [(the part that contains all requirements regarding the delivery of special education services] or the state’s special education law or regulations)*.

*Describe where the school district is in violation of Part B of IDEA. Include any and all documentation that provide evidence to back up your complaint. Remember these violations have to occurred within the one-year timeline.*

It is my understanding it is the State Department of Education responsibility to investigate any complaints of a school district violation of IDEA.

Please confirm your receipt of this complaint within ten days.

Sincerely,

Name

Address

Email

Phone

**Request for Mediation**

Once a parent files a due process complaint, a school system should offer mediation to resolve the due process early. This process is voluntary, and both the school and parent must agree to do mediation.

However, mediation can be offered to resolve dispute issues between parents and school systems without filing a due process complaint. Mediation should be used when the issue cannot be resolved in an IEP meeting. Typically, mediation is not requesteduntil after the parent disagrees with the school’s offer of FAPE made in the IEP team meeting. Your response should be sent certified mail.

The following types of disagreements can be resolved in the mediation process.

* Need for more/different special education services or related services
* Classroom or school placement
* Compensatory services
* Eligibility for special education services
* Outcome of a manifestation determination review

Each State Department of Education has its own forms for parents to complete regarding Due Process. Mediation and/or State Complaints. However, it never hurts to follow up with a letter after filing online.

Date:

State Department of Education

Mediation Department for Special Education

Street Address

City and Zip Code

Dear (Mr., Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I am formally requesting a state mediation to resolve an issue with my school district.

*Explain what the issues and why you want mediation.*

It is my understanding mediation is a ***voluntary and confidential process*** the State Department of Education provides via a trained and impartial mediator who will facilitate discussion between me and my child’s school to help both parties resolve a disagreement. It is also my understanding state mediators are independent from the school system and trained to help resolve issues.

Sincerely,

Name

Address

Email

Phone

CC: Special Education Director

 Superintendent

**Request for a Due Process Hearing**

Each State Department of Education has its own forms for parents to complete regarding Due Process. Mediation and/or State Complaints. However, it never hurts to follow up your electronic communications with a letter.

Along with names, school etc., the Office of Education will want to know the nature of the problem including all the important facts, a description of the type of solution proposed for each problem discussed and the signature of the person requesting the mediation and/or due process. Most forms are filed online electronically and must be served on all parties, including the school district, the school and local education agency. The instructions must be followed, or the filing will not be accepted.

The complaint form must include:

1. Complaint Information

• Date

• Your Name

• Your Address

• Your Phone Number

1. Student Information

• Student’s Name

• Birth Date

• Disability

• School District

• School Student Attends

1. What area of IDEA was violated?

• Federal Regulations?

• State Regulations?

1. How the violations are affecting your child’s education
* What services are not being provided?
* What parts of the IEP are not being implemented?
* What the school refused and why it is needed?
* What information and documentation you supplied to the school and they did not take it into consideration?

1. What you want the school to do to resolve the complaint
* What services you want?
* What corrections do you want to the IEP?

Date:

State Department of Education

Street address

City and Zip Code

Dear (Mr., Ms., Dr.)

I am the parent of (*your child’s name*) who attends school at (*name of the school*) and born (*date of birth*). I have filed a due process electronically and am following it up with this letter.

*Describe in this letter all areas outlined on the previous page.*

Sincerely,

Name

Address

Email

Phone

CC: Special Education Director

 Superintendent