Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: Request for Remedial Interventions/Case Management Services

Dear Principal/Director of Special Education:

I am writing to request that your school district meet with the parent/guardian of my patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to determine whether this student may require more intensive remedial interventions than is currently being provided in the general education classroom. I believe that this child’s academic, developmental, and/or behavioral health is beginning to interfere with his/her ability to learn. My specific concerns are as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thank you for giving this request your immediate attention. Please let me know how I can help you to address and achieve this child’s educational goals. If you need my signature on any forms, please send those to me (via fax 602-###-####), as soon as possible. I will look forward to hearing from you regarding the results of your interventions.

Sincerely,

Faculty Physician/Nurse Practitioner

[Practice Name]

[Address Insert Here]

602-###-####(office) / 602-###-#### (fax)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/Legally Authorized Representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree with my pediatrician’s /PNP’s observations and recommendations listed above. Consider this my request, in writing, for the above-mentioned full psychoeducational evaluation. I do understand that once my request, in writing, has been received by you, that you have 60 calendar days to have this testing completed and if eligible, an Individualized Education Program (IEP) in place.

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Parent/Legally Authorized Representative Signature & Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Time