YOUR NAME

ADDRESS

CITY, STATE ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

DATE

Via email and personal delivery

NAME OF SPECIAL EDUCATION DIRECTOR OR PROGRAM MANAGER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT

ADDRESS

CITY, STATE, ZIP CODE

 Re: **CHILD’S NAME**

DATE OF BIRTH

 Request for Copies of Educational Records

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

 Pursuant to the Individuals with Disabilities Education Act, 20 U.S.C. § 1415(b)(10) and the Family Education Rights and Privacy Act of 1974, 20 U.S.C. § 1232g , this letter serves as our request to receive a full and complete copy of CHILD’S NAME’s education file. This includes, but is not limited to, the following:

 1. All tests and evaluations, including protocols, and teacher and parental

questionnaires;

 2. Individual education plans, including goals and objectives;

 3. Functional behavioral assessments, behavioral intervention plans, and

 psychological assessments;

 4. Medical records maintained by the school;

 5. Any and all written communications between the school district and any

and all evaluators, whether under contract with the school district or employees of the district;

6. Anecdotal notes, correspondence, electronic mail, text messages, and other

 writings and/or correspondence maintained by student’s general

education teacher, special education teacher, principal, therapists, aides, tutors, pertaining to the student, including, but not limited to, attendance logs and service logs for any and all aides and therapists assigned to work with and/or provide services to student.

 Please have photocopies of these documents within the time limits set forth by our state’s special education regulations and mail them to my attention at the address above or advise when I can pick them up in person at your offices.

 Thank you for your assistance.

 Warm regards,

 YOUR NAME