Parent's/Guardians' Name		
Address		
Contact Information		
Principal's Name		
School Name		
School Address	I	Date:
Request to Convene an IEP Meeting On Beh	alf of	(DOB)
Dear Principal,		
I am the parent ofapplicable) My child's language is	, whose date of birth is . My language is	[(If
Accordingly, I request that I receive interpreta request that an IEP Team meeting be convened the following concerns about my child's education	tion and translation services.] It on my child's behalf as soon	I am writing to
I also believe my child needs the following adepublic education that my child is entitled to un	± ±	free appropriate

In addition to the members of the School Team that are legally required to attend the IEP meeting, please invite the following people to be present at the IEP meeting They have expertise about my
child that will be helpful in creating an IEP that will meet my child's needs.
Please let me what dates might work for the School Team, so we can identify a date that work well. Please contact me if you have any questions or concerns. I can be reached Thank you.
Sincerely,
cc. Director of Special Education Main Classroom Teacher