

# Instructions for COVID-19 Request for IEP Services (Letter to School)



1. Write the date you are completing and signing the letter.
2. Write the name of the Principal of your child's school, or the Special Education Coordinator.
3. Write your child's school district name or charter school name.
4. Write your child's school's name.
5. Write the school's street address.
6. Write the school's city, state, and zip code.
7. Write your child's name and birth date.
8. Write the Principal's name or the Special Education Coordinator's name on the Dear \_\_\_\_\_ line.
9. Put an X or a check in as many boxes as you need to. Choose as many of the requested services as your child needs.
10. Circle whether you can meet by phone or video.
11. Write in your phone number, and if you have an email you use, your email address.
12. Sign and then write your name.
13. **VERY IMPORTANT:** Keep a copy of your letter.
  - a. Take a photo of the letter on your phone and email it to yourself if you can. Emailing to yourself helps in case your phone gets lost, damaged, or erased. OR
  - b. Keep a paper copy if you can.
14. Provide a copy of your letter to the school by:
  - a. Email
    - i. You can find many principals' email addresses on school websites, or
    - ii. Call the main office for the school district or Board of Education to ask for emails for the principal or Special Education Coordinator.
  - b. Fax OR
  - c. Mail

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*Advocates for Basic Legal Equality, Inc. (ABLE) created this form for people without lawyers in Ohio. If you have a lawyer, you should review your request with your lawyer rather than using this form. ABLE is a non-profit law firm serving the civil legal needs of western Ohio's low-income individuals and families. This information is not legal advice. It is general information. It is not a substitute for talking to a lawyer about your situation. You may still need help from a lawyer. This information is current as of August 12, 2020. You should be aware that information about the law and its interpretation continues to change.*

Sample

Date: 1 \_\_\_\_\_

Principal of Child's School: 2 \_\_\_\_\_

Name of School District: 3 \_\_\_\_\_

Name of School Building: 4 \_\_\_\_\_

School's Address: 5 \_\_\_\_\_

School's City, State, Zip: 6 \_\_\_\_\_

**RE: Request for IEP services / support / tools / assistive technology:**

Child's name: 7 \_\_\_\_\_ DOB : 7 \_\_\_\_\_

Dear 8 \_\_\_\_\_ (principal):

My child is a student with a disability currently receiving special education services through an IEP.

To ensure my child continues to receive a Free and Appropriate Public Education regardless of the method of instruction chosen by the school, I am requesting the following: **(check all that apply)**

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|                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Laptop for online learning  | <input type="checkbox"/> | Hotspot or Jet Pack for Internet access   |
| <input type="checkbox"/> | <u>Phone</u> support from Intervention Specialist                                 | <input type="checkbox"/> | <u>Video</u> support from Intervention Specialist                                 |
| <input type="checkbox"/> | Regular <u>phone</u> appointment with Intervention Specialist                     | <input type="checkbox"/> | Regular <u>video</u> appointment with Intervention Specialist                     |
| <input type="checkbox"/> | Regular <u>phone</u> appointment with Speech Therapist                            | <input type="checkbox"/> | Regular <u>video</u> appointment with Speech Therapist                            |
| <input type="checkbox"/> | Regular <u>phone</u> appointment with Occupational Therapist                      | <input type="checkbox"/> | Regular <u>video</u> appointment with Occupational Therapist                      |
| <input type="checkbox"/> | Regular <u>phone</u> appointment with Physical Therapist                          | <input type="checkbox"/> | Regular <u>video</u> appointment with Physical Therapist                          |
| <input type="checkbox"/> | Regular <u>phone</u> appointment with School Counselor or Mental Health Therapist | <input type="checkbox"/> | Regular <u>video</u> appointment with School Counselor or Mental Health Therapist |
| <input type="checkbox"/> | Modifications to classroom work being sent home                                   | <input type="checkbox"/> | More time to complete classroom work being sent home                              |
| <input type="checkbox"/> | Parent training   | <input type="checkbox"/> | <u>Video</u> social time with peers   |

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|   |   |
|---|---|
| Regular <u>phone</u> support from General Education teacher | Regular <u>video</u> support from General Education teacher |
| <u>Assistive Technology</u>                                 | <u>In person services</u>                                   |
| Other: (explain)  | Other: (explain)  |

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If needed, I am available to meet with my child’s IEP team by video or by phone to amend the IEP. Please contact me about the help my child needs. You can reach me by phone at \_\_\_\_\_ **11** or by e-mail at \_\_\_\_\_ **11**. I look forward to working together.

Sincerely,

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_

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

Principal of Child's School: \_\_\_\_\_

Name of School District: \_\_\_\_\_

Name of School Building: \_\_\_\_\_

School's Address: \_\_\_\_\_

School's City, State, Zip: \_\_\_\_\_

**RE: Request for IEP services / support / tools / assistive technology:**

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear \_\_\_\_\_ (principal):

My child is a student with a disability currently receiving special education services through an IEP.

To ensure my child continues to receive a Free and Appropriate Public Education regardless of the method of instruction chosen by the school, I am requesting the following: **(check all that apply)**

|  |   |  |   |
|--|---|--|---|
|  | Laptop for online learning  |  | Hotspot or Jet Pack for Internet access   |
|  | <u>Phone</u> support from Intervention Specialist                                 |  | <u>Video</u> support from Intervention Specialist                                 |
|  | Regular <u>phone</u> appointment with Intervention Specialist                     |  | Regular <u>video</u> appointment with Intervention Specialist                     |
|  | Regular <u>phone</u> appointment with Speech Therapist                            |  | Regular <u>video</u> appointment with Speech Therapist                            |
|  | Regular <u>phone</u> appointment with Occupational Therapist                      |  | Regular <u>video</u> appointment with Occupational Therapist                      |
|  | Regular <u>phone</u> appointment with Physical Therapist                          |  | Regular <u>video</u> appointment with Physical Therapist                          |
|  | Regular <u>phone</u> appointment with School Counselor or Mental Health Therapist |  | Regular <u>video</u> appointment with School Counselor or Mental Health Therapist |
|  | Modifications to classroom work being sent home                                   |  | More time to complete classroom work being sent home                              |
|  | Parent training   |  | <u>Video</u> social time with peers   |
|  | Regular <u>phone</u> support from General   |  | Regular <u>video</u> support from General   |

|  |                             |  |                           |
|--|-----------------------------|--|---------------------------|
|  | Education teacher           |  | Education teacher         |
|  | <u>Assistive Technology</u> |  | <u>In person services</u> |
|  | Other: (explain)            |  | Other: (explain)          |

If needed, I am available to meet with my child’s IEP team by video or by phone to amend the IEP. Please contact me about the help my child needs. You can reach me by phone at \_\_\_\_\_ or by e-mail at \_\_\_\_\_. I look forward to working together.

Sincerely,

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Printed Name