

Request for Individual Education Program/ 504 Plan Meeting

Student Name:	
Grade Level:	
Date of Birth	
Address:	
City, State, and Zip code	
School of Attendance:	
Principal	
Teacher	

Date: _____

Dear Office of Special Education,

I, _____ (name of parent), the parent of _____ (name of student) have significant concerns regarding my child academic progress and ability to access classroom curriculum. I am requesting an Individual Education Program (IEP) Meeting for my child. In accordance to the CA Educ. Code §56343, which states that the IEP team needs to meet to review, revise or develop an IEP whenever the following occurs:

- a) A student has received an initial formal assessment. The team may meet when a student receives any subsequent formal assessment;
- b) The student demonstrates a lack of anticipated progress;
- c) **The parent or teacher requests a meeting to develop, review or revise the IEP**
- d) At least annually, to review the student's progress, the IEP, including whether the annual goals for the student are being achieved, and the appropriateness of placement, and to make any necessary revisions.

In addition, the IEP meeting **must be held within 30 days of this request**, pursuant to CA Educ. Code §56343.5, which states the following:

A meeting of an IEP requested by a parent to review an IEP pursuant to §56343 (c) shall be held within 30 days, not counting days in July or August, from the date of receipt of the parents written request.

Specifically, I am requesting the following:

- | | |
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| <ul style="list-style-type: none"><input type="checkbox"/> A meeting to discuss the initiation of an IEP or 504 plan<input type="checkbox"/> An IEP or 504 plan addendum meeting<input type="checkbox"/> An annual IEP or 504 meeting | <ul style="list-style-type: none"><input type="checkbox"/> Academic/pre-academic accommodations for:<ul style="list-style-type: none"><input type="checkbox"/> Reading<input type="checkbox"/> Math<input type="checkbox"/> Writing<input type="checkbox"/> Behavior<input type="checkbox"/> Other: _____<input type="checkbox"/> Special Education Services<input type="checkbox"/> Additional Special Education Services |
|---|--|

Thank you for your time and assistance in the matter,

(Parent Signature)