

Sample Parent Concerns Letters:

I know I filled out the worksheet, but here are my parent concerns, cleaned up and typed out so that you can put them on the IEP.

We are pleased that XXXX continues to make progress at XXX, even if it is slow. When we look back year to year, we realize how far he has come even if week to week it can feel slow. Of course this year we had the development of seizures/epilepsy which is our main concern due to the safety challenges it has presented. Nurse Joanne has his seizure protocol and emergency meds in her office and the staff continues to stick close to XXX on outings. I don't believe that anything formal for the seizures has been added to his IEP, so I would like to list what safety measures are being done as SDIs/accommodations.

I will continue to provide information related to XXX's seizures to XXX as I receive it. As I write this, he is going into the hospital tomorrow for some extensive testing and he has a specialist appointment in Boston next month. If anything changes I will let you know.

I also have attached a draft calendar that I would like to include in X's daily communication book. I think it would be a good idea to have the data available to us at a glance to see trends and in case his doctors ask for it. I am happy to print and publish the calendar, and of course use the team's input if they have other ideas than this one.

X's communication and functional skills continue to be our main priorities. I hope that we can continue to have a good balance of X making progress in these areas while remaining safe. We practice all of his ADLs at home, every day, and all family members are much better at helping him, not doing for him. He also is read to each day and we do many games, light play and other activities.

X is in the normal range for height and weight, but his BMI is dropping. It is still within normal range, but is lower each doctor visit. Once we have his seizures better under control and medication stabilized, I will be seeking nutritional guidance since he recently has self-restricted many of his diet options. I will keep the team updated on any changes.

Letter 2

Dear {IU Person}: I recently received the ER for my son. I have a few parental concerns regarding the report. Occupational Therapy The report states that I did not return the Sensory Processing Measure questionnaire. I did mail it back and never received a call indicating that it was not received. Please remove this from the report. It also reports that Dylan does not drool, however this is a concern for us as he does drool and has hypotonia. I want this to be noted in the report, as building his oral motor tone is important to us. The OT also does not mention any sensory issues, which we know he has. He is a known sensory seeker and will need to learn coping strategies for this need as he gets older. Feeding It states "no feeding concerns" reported. We do have feeding concerns for him, however I was unaware that services were available. He has hypotonia which is evident in his mouth and face as well. He also was listed as "failure to thrive" at one point, so I would like to request monitoring of his feeding abilities. I don't want him to be regressing before he is being monitored, as his eating habits are not consistent. He would benefit from something like a "food group" or other activity where he is routinely introduced

to new foods in a social setting. Physical Therapy No concerns with this portion of the report. I agree with her recommendation that he would benefit from PT twice per week. We also wish to pursue Orientation and Mobility services, as well as vision for the CVI. Cognitive At this time, he is performing at levels similar to that of his typical peers. His challenges appear to be largely physical (such as motor planning) rather than cognitive, as evidenced by his expressive language. He can mimic typical child behavior and benefits from typical peer interaction. Dylan's testing could not be completed because of his behaviors. Some of this is typical 2-year-old behavior, but he also has the diagnoses of ADHD (lack of focus) and Disruptive Behavior Disorder. We want to be certain that he is learning strategies to stay on task and follow rules, and complete non-preferred activities.

Letter3:

Dear, Here are my parental concerns regarding my son's RR that I wish to discuss in next week's meeting. On page 2, the report references an investigation by the PA State Police. CYF of Chester County found this incident to be 'unfounded' and the case was closed. This is not relevant to any of XYZ educational needs so it should be removed from the report. On page 9, he is rated at 100% for self-help skills which I do not understand how that could be accurate. He struggles in this area and his Vineland scores show significant deficiencies in functional skills. On page 23, it states that XYZ has never been identified as a child with Intellectual Disability nor does he currently qualify for that diagnosis. I disagree with this statement, as he has several factors supporting that he is in fact Intellectually Disabled. It is my understanding that Intellectual Disability is the same thing as a Cognitive Disability, which is how Nemours has diagnosed him. For many of the tests, he fell at or below the 1% percentile for his age group. While I agree that he has language issues that also affect his ability to learn, his overall issues are global—not just in the areas of reading and language. The primary classification of ED is not accurate. His challenges are related to his Cognitive Disorder. To my knowledge, he is not receiving any emotional supports in school but academic and functional supports. He is not anywhere near performing functional tasks or skills at the level of his typical peers. XYZ takes the PASA instead of the PSSA and the criteria to qualify for this includes "severe cognitive disability." I agree that many of his test scores are scattered, so perhaps we need to discuss an Independent Education Evaluation. I feel that he already meets the criteria for IDD based on his past reports and current skill level but it appears that you are not convinced.