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# Parent Concerns Letter Templates

For parents to get formatting and wording ideas.

Lisa Lightner
[Date]

A Few Tips for Writing Parent Concerns Letters

1. Keep your language professional.
2. Keep the focus on your Child and what data you have. Instead of an emotionally charged phrase such as "I am furious because he comes home so distraught every day." Try instead: "Every day, Jack comes home upset and in tears. When I ask him why, he states that XYZ is happening during the school day. This is not acceptable and solutions need to be added to his IEP to prevent this."
3. Do not assume intent. We do not know why people do things, so again, focus on facts.
4. Use language and catch phrases that are in IDEA and your state regs. See examples below.

Phrases to work into your letter:

1. "unable to access and benefit from his education"
2. "unable to access FAPE"
3. "denial of FAPE"
4. "meaningful progress"
5. "known or should have known"
6. "lacks the skill set"
7. Objective data states….

Letter 1

Dear IEP Team,

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 the 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.

Thank you for your time. See you at the meeting next week, parent.

Letter 4:

Parent Concerns
Jenny Smith IEP / May 18, 2013
Submitted by Jane and John Smith

Here are our parent concerns to be discussed at the next IEP meeting, scheduled for June 1, 2013. I will print and bring a signed, hard copy to the meeting. However, we are also sending them via email so that you can just copy and paste them into the Parent Concerns section of the IEP.

**1. Safety -**Jenny is not safe at school. Her behavior plan is routinely disregarded.
**Suggested Resolution:** Staff must be familiar with the behavior plan and they must have the ability to follow it. Technical assistance is required for staff.

**2. Behavior Plan-** The behavior plan is not being followed. For example, the plan states that if there is an instance of tantrums, the staff will disengage Jenny (not verbally attempt to redirect her, remove eye contact). Instead, the staff keeps asking her questions such as, “What’s the matter?” “Is something bothering you?”

**3. FAPE (Free Appropriate Public Education)-**Jenny’s IEP is routinely disregarded.
**Suggested Resolution:** We are asking that an appropriate program is put into place. We are also requesting compensatory education for lack of FAPE since September 2011.

**4. Reading**
Jenny is reading several years behind grade level. Her current program (name of program), is not research or evidence based. She needs a comprehensive diagnostic reading evaluation by a reading specialist to determine what scientific peer-reviewed multi-sensory reading program she needs so she can become a proficient reader. Her only reading evaluation, conducted 5 years ago, was done by a Highly Qualified Special Education Teacher, who has NO background in reading, and all she did was the reading subtests of the Woodcock Johnson III.

**5. LRE (Least Restrictive Environment)-**Jenny needs supports, supplemental aides and services in order to be successful in the general education classroom. Instead of discussing what these services would be appropriate, the District chose to remove Jenny to a more restrictive environment.
**Suggested Resolution:** Return Jenny to the general education classroom without delay with the supports she is entitled to.

**6. Sensory Issues-**Jenny is a student with significant sensory issues. Yet her sensory needs are being ignored.
**Suggested Resolution:** We are requesting a sensory integration evaluation to find out how sensory needs are interfering with access to the general education curriculum and proactive strategies need to be put into place.

**7. OT-**Jenny 's handwriting and drawing skills are poor which indicate continued need for OT.
**8. Bullying**
Jenny has been bullied by other students. On one occasion, on January 17, Jenny ran away from a

bully who called her the “R” word and then pushed her into the bushes.

**9. Discrimination against** Jenny **due to her disability-**Assistant Director of Special Education, *name*, is enforcing a policy that no child is permitted to play with Jenny unless written permission is received from that student’s parents. This policy is not in place for students without disabilities.

**10. Humiliation-**Jenny is humiliated in several ways, including but not limited to the following:
a. Principal Stewart yells at Jenny in front of staff. This is not only humiliating, but a clear violation of the behavior plan.
b. Principal Stewart announced to Jenny’s class, on February 2, that if they saw Jenny in school, not to worry, she was not dangerous.

**11. Suspensions-**Jenny has been suspended from school due to the failure of the District to follow the IEP. In addition, Jenny is sent home from school, which are defacto suspensions, and no suspension reports are written for these days.

**12. Goals-**After reviewing all of the goals for next year, it was determined that some are not measurable. Establishing concrete criteria for measuring progress toward the attainment of each goal is crucial to Jenny’s success. We will go over these during the IEP meeting.

**13. Self-Advocacy-**Jenny needs help with self-advocacy in the following areas:
  a) Communicating when she does not understand an assignment or concept in class.
  b) Communicating her need for help and reporting bullying episodes to adults.
  c) Jenny needs help to know what to say to peers who bully or tease her. Jenny can easily be set up by other kids to take a dare and needs help in those situations.

**14. Parents are not meaningful members of the IEP team.-**The parents were not given the Behavior Incident Forms as they were generated. Our input at IEP meetings is disregarded. Decisions are made prior to the IEP meeting.

Letter 5

Dear IEP team, we are looking forward to our upcoming IEP meeting. Here are the parent concerns we wish to discuss with the team. I am sending it to you in electronic format so that you can just copy and paste it into the Parent Concerns portion of the IEP.

Our overarching goal for Grace is that she live independently with the necessary support in the appropriate setting for her once she leaves the school. With that goal in mind, here are our concerns:

- Grace is exhibiting progressively or increasingly disruptive behaviors that prevent her from completing tasks and eating her meals. Since one of her IEP goals is self feeding, we are concerned that these behaviors are preventing her from making progress.

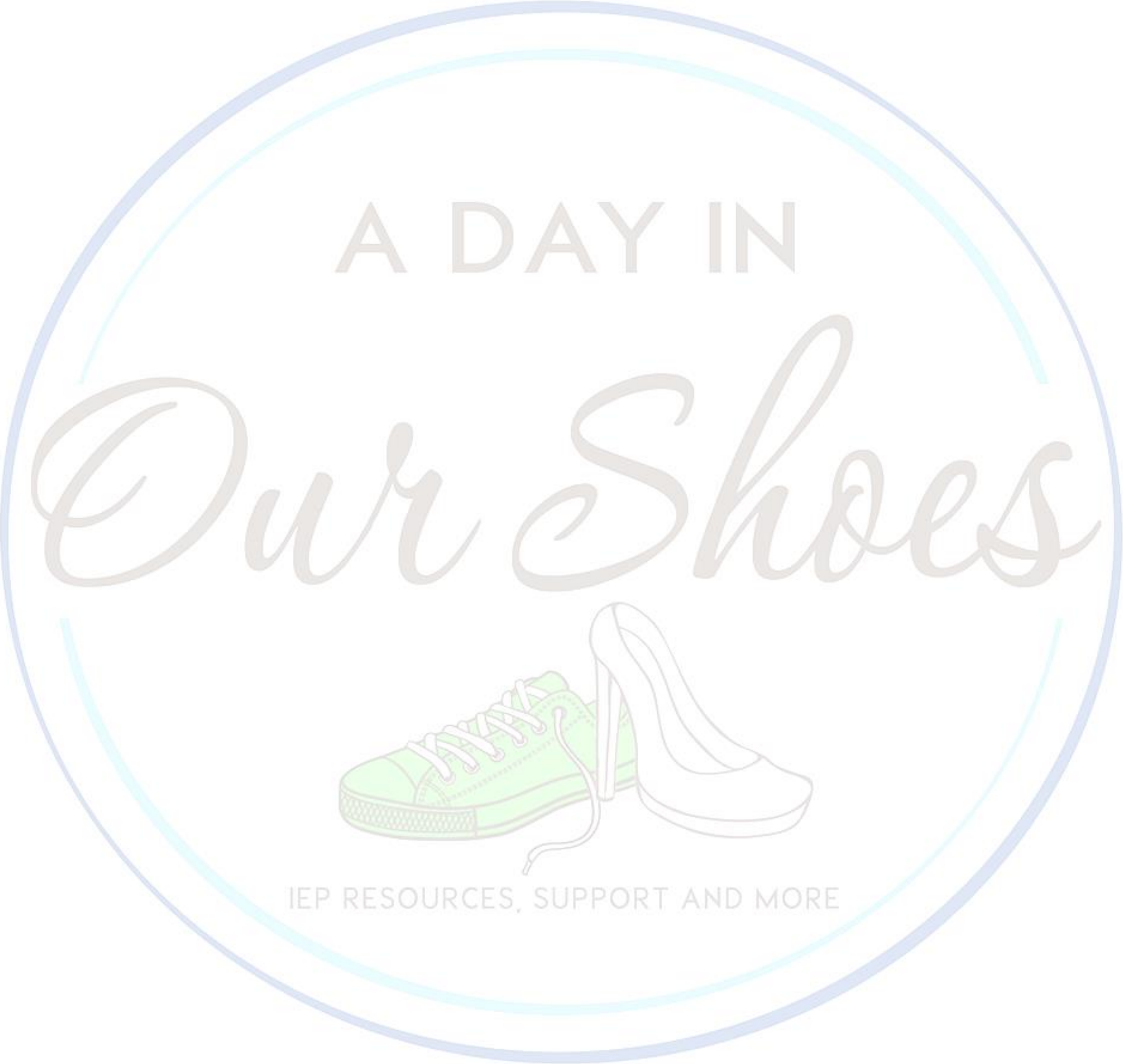
- Grace struggles with transitions and exhibits refusal behaviors, so we'd like to request an FBA be completed. We would like the FBA to be completed by a trained behavior data collection specialist (preferably someone who has not met our daughter before) to focus on her refusals and aggressive / destructive behaviors.

- We would like direct, written feedback from her PCA on Grace's progress and performance towards her goals. We would like to request a weekly communication log regarding Grace's activities and progress for the week.

- We would like the IEP to clearly list out the PCA's duties and data collection responsibilities. We are requesting that we know specifically which goals the PCA is helping Grace with and how much time during the week is being spent working towards those goals, so that we can adjust or replace the goals as necessary.

- We would like more focus on life skills teaching than on current curriculum. We do not feel that Grace is benefiting from being taught core classes but would benefit and make more progress towards her IEP goals from more time devoted to functional communication and functional self care skills .

- Given our above concerns, we also wish to discuss whether or not the team feels that my daughter's needs can be met at this placement. Since Grace's next IEP will include a transition plan, we would like the team to discuss the proposed goals and how appropriate we feel they are for Grace at almost 13 years old. Does she need to be focusing on traditional academics, as found in her current classroom, when she lacks function skills sets such as self feeding, self care and other ADLs?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