**Disagree with (IEP, 504, RTI) Draft Plan**

Date

Name of School

Address

Phone Number

Dear (Principal’s Name),

As you know, my child, [child’s name], is in the [\_\_\_] grade at [name of school]. [Teacher’s name] is his/her teacher.

I disagree with the results of the (IEP, 504, RTI) draft dated (Date). I believe my child has additional needs. I would like to schedule a formal meeting. The following persons are requested to be in attendance (Names of persons).

He/She struggles with [describe your child’s area of difficulty]. He/She has [describe his/her learning or attention issue, for example dyslexia or ADHD]. The proposed plan does not meet my expectations for intervention and I would like to discuss my specific expectations at the formal meeting and make changes to the intervention plan.

I know I have a legal-rights and I am a part of my child’s team, with the ability to have input on intervention services.

Please contact me immediately in writing regarding this need for a meeting to discuss my child’s intervention plan.

I may be contacted at:

Name

Address

City, State Zip code

Thank You,

(Sign here)

Your name printed

Your phone

Your Email