date

Mr. Smith

Director of Special Services

Noname Elementary School

555 Avenue

Your town, your state, zip

Dear Mr. Smith:

The purpose of this letter is to request an initial identification meeting with the Child Study Team for my child: First Name, Last Name, DOB, grade, Teacher.

Based on recent feedback gained from my child’s class teacher, Mrs. X, my child is struggling in the areas of (reading, writing, spelling, math, etc).

Please contact me so that we may schedule a meeting promptly. I can be reached at 555-555-5555

I look forward to speaking with you soon.

Sincerely,

Concerned Parent