

Date

Via USPS & E-Mail

School District

Street

Town, State, Zip Code

Re: CHILD NAME AND DOB

Dear Director of Special Education:

STUDENT NAME was referred by **FULL NAME**, the child's Early Intervention provider (**Early Provider Agency**) on **Date** to be evaluated for eligibility for Early Childhood Special Education. On **DATE**, the District proposed the following evaluations:
_____. I signed the consent form for these evaluations on **DATE**. Due to the COVID-19 pandemic, I am concerned as to how the District intends to complete the evaluation process, and when the district will convene an eligibility determination meeting to review these findings within the IDEA timelines. I do not waive any procedural safeguards at this time.

Please confirm in writing how the District plans to proceed with the evaluation review timeline; and the District's intention to convene an early childhood special education eligibility determination meeting within the timeline mandated by the IDEA.

Sincerely,

Parent Name