

DATE

Name of CSW II

Address

Phone:

FAX:

To: School Administrator & School Psychologist

Re: NAME Of CHILD

DOB:

We are concerned about NAME OF CHILD academic, social and emotional welfare. We are requesting an Emergency IEP Meeting as soon as possible so that he/she can find success in school. We are requesting this meeting because of concerns that this student is not on track while attending school and we want to discuss their current goals and progress, and alternative options concerning services and placement. We feel this student needs more guidance and assistance to succeed at school.

We would like to request an Educationally Related Mental Health Services assessment to determine if the student might benefit from these services as part of a special education program.

Your help with this matter is greatly appreciated.

Holder of Education Rights Name

PHONE NUMBER

Name of CSW

Phone number