**SAMPLE LETTER REQUESTING EDUCATIONAL SERVICES FOR A STUDENT IN THE HOSPITAL**

[Parent Name/Contact Information]

[Date]

\_\_\_\_\_\_\_\_\_\_\_, Director of Special Education

[School District or Charter School]

Re: Request for Educational Services for Student in Hospital

Dear \_\_\_\_\_\_\_\_\_\_:

[Student’s Name], for whom I have educational decision-making authority, is currently in the hospital due to [medical OR behavioral health reasons]. [Student] has been in the hospital since [date] and is expected to be in the hospital until [date].

[If your child may need more hospitalizations, include this sentence: Because of (Student)’s disability, this has not been and likely will not be an isolated incident. (He/She) has previously been in the hospital from (date)­­–­(date) and is expected to require hospitalization in the future because of (his/her) disability].

[Student is a child with a disability under the federal Individuals with Disabilities Education Act and state law, and has an Individualized Education Program (IEP) with a qualifying eligibility of (include primary eligibility category, such as “emotional disability,” “autism,” “other health impairment,” etc., which information can typically be found on the first page the child’s IEP)] OR [Student is a child with a disability under Section 504 of the Rehabilitation Act of 1973] OR [Although Student has not yet been found to be a child with a disability under the federal Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act of 1973, this letter serves as notice that my child has a disability and may be eligible for disability-related accommodations/services going forward. Please begin the process of evaluating/identifying my child as a student with a disability, as required by 34 C.F.R. § 300.111].

Although [Student] is in the hospital, [he/she] is able to complete schoolwork and continues to have the right to a free and appropriate public education. Therefore, I am requesting that [School] [provide suitable schoolwork packets which (Student) can complete and turn in] AND/OR [provide an electronic device and access to available online coursework] AND/OR [arrange a time for (Student)’s (teacher/counselor/aide) to visit (Student) and provide educational services, in person or virtually,] while [Student] is in the hospital currently and any time in the future. Further, I request that all of [Student]’s absences for medical or mental health reasons be counted as excused and that [he/she] not be withdrawn from school or any school-provided services and programs due to [his/her] hospital stay.

Furthermore, it is my understanding that Arizona has a legal protection for students with chronic health conditions. Per A.R.S. § 15-346, all public schools must have policies and procedures to provide continuing learning for students with chronic health problems while they are absent from school and to provide for the integration of students with chronic health problems into the regular education program as much as possible. Please provide me with a copy of [School]’s chronic health problem policy, as well as any forms/certifications that [School] may require parents and medical professionals to complete so that [Student] will be protected from inappropriate withdrawal from [School] and will be able to benefit from continued access to learning while unable to attend school in person.

[If applicable, request an IEP or 504 team meeting to discuss how special education/related services will be provided to the student while they are hospitalized, or to discuss how the student’s disability-related needs may have changed as result of/during their hospitalization. The team may want to review medical records or information from the student’s treating team in order to ensure the educational programming being provided to the student meets the student’s needs. This may require the Parent/Guardian to sign a release so that the school can review medical information from the student’s treating team. The team may also want to come up with a transition plan to help ease the transition from hospital back to in-school services for the student. When a parent requests an IEP meeting, the school must hold the meeting within 45 school days of the request. A.A.C. R7-2-401(G)(7)].

Please contact me as soon as possible by phone [phone number] or email [email address] to discuss these concerns and to schedule any needed meetings.

Sincerely,

[School] Parent