Your Name

Street Address

City, ST ZIP Code

Phone

Email

Date

Special Education Director

School District

Street Address

City, ST ZIP Code

Dear [Special Education Director]:

I am [insert Student’s name]’s parent, and I am writing to express that I am not in agreement with [School District’s] decision to graduate [Student] at this time.

Graduation Requirements

Under the Individuals with Disabilities Education Act (IDEA) and Arizona state law, IDEA-eligible students are entitled to a Free Appropriate Public Education (FAPE) from ages 3 to 21 (or to age 22, if their birthday occurs prior to the end of the school year), or until they receive a regular high school diploma. In order to earn a regular high school diploma in Arizona, students must earn a minimum of 22 credits. The Arizona Administrative Code breaks down the credit requirements:

* Four credits of English or English as a Second Language;
* Three credits in social studies to include one credit of American history, including: Arizona history; one credit of world history/geography; one-half credit of American government, including Arizona government; and one-half credit of economics.
* Four credits of mathematics to minimally include Algebra 1, Geometry, Algebra 2 (or a personal curriculum), and a fourth course that contains high school content.
* Three credits of science in preparation for proficiency at the high school level on the statewide science assessment.
* One credit of fine arts or career and technical education and vocational education.
* Seven credits of additional courses prescribed by the local school district governing board or charter school. A.A.C. R7-2-302

The District argues that [insert student’s name] has met the requirements to graduate. [Insert student’s name] has earned [insert number of credits] credits. [Insert reasoning why the credits earned should not count towards the diploma].To my knowledge, [Student] has never been enrolled in or passed some of the courses required by the State of Arizona, such as [space for parents to insert names of courses, such as world history, American government, Algebra 1, etc.]

* [Student] has not participated in classes that are aligned to the required state standards. It is my understanding that such courses do not count towards earning a regular high school diploma.
* [Student]’s IEP goals, such as [insert example of IEP goal], are not aligned to state standards, demonstrating that [Student] is not working toward the same rigorous academic standards to which non-disabled students are held.
* [Student] is functioning at [xx] level in [reading, writing, math, IQ, etc.] according to [his/her] most recent evaluation conducted by [District/private evaluator]. This demonstrates that [Student] is likely functioning at a level too low to allow [Student] to participate in and pass required courses such as [select academic course from list above, such as Algebra 1, World History, etc.] even with reasonable accommodations and modifications.
* [Student] has not received the minimum number of credits required by [School District] for graduation.

Transition Evaluation, Plan, and Services

Furthermore, I do not believe [Student] has received adequate or appropriate transition services, as required by IDEA 34 C.F.R. § 300.43. [Student] is receiving [no/minimal/inappropriate] transition services at school.

At this time, I am requesting that [School District] conduct a comprehensive transition evaluation of [Student], using both formal and informal assessment tools. Such tools should include formal interest surveys and aptitude tests (such as the Meyers Briggs Type Indicator, Self-Directed Search Forms, and Occupational Aptitude Survey and Interest Schedule), a functional vocational evaluation, high school grades, current psychological assessment data indicating areas of strengths and weakness, informal interviews with [Student], interest inventories, functional vocational evaluations, and interviews with [Student’s] family. We are also requesting that [Student’s] independent living skills be assessed formally (using assessment tools such as the Life Skills Inventory, the Casey Life Skills Assessment IV, and the Functional Skills Transition Assessment). After these assessments are completed, we would like to meet with [Student’s] IEP team, including outside service providers such as [DDD caseworker/representative from Vocational Rehabilitation/behavioral health caseworker/parole or probation officer/counselor/therapist], to develop an age-appropriate and realistic transition plan for [Student]. This plan should include realistic post-secondary goals and services provided should align with these goals. I would like to discuss transition services such as [community-based work experiences/internships/mentorships/ apprenticeships/paid employment/transportation training/independent living skills training/self-advocacy skill building/life skills classes/parenting classes/personal finance classes/training in accessing local community resources/training in medication management/social skills training/exploring housing options/learning about voting]

I am looking forward to your response. Please confirm you have received this request within 48 hours.

Sincerely,

[insert signature]

Your Name