

# Confirmation of Special Education Assessment Meeting

Date: [Insert Date]

To: [Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Dear [Parent/Guardian Name],

We are writing to confirm your child's special education assessment meeting scheduled for:

**Date:** [Insert Date]

**Time:** [Insert Time]

**Location:** [Insert Location]

The purpose of this meeting is to discuss the results of your child's assessment and to determine the appropriate educational plan. Your participation is crucial, and we value your insights and partnership in this process.

If you have any questions or need to reschedule, please feel free to contact us at [Insert Contact Information].

Thank you for your attention to this important matter. We look forward to meeting with you.

Sincerely,

[Your Name]

[Your Position]

[School or Institution Name]

[Contact Information]