

Notification of Special Education Needs Assessment Review

Date: [Insert Date]

To: [Parent/Guardian's Name]

[Address]

[City, State, Zip Code]

Dear [Parent/Guardian's Name],

We are writing to inform you that it is time for the annual review of [Student's Name]'s special education needs assessment. This review is essential to ensure that [he/she/they] continues to receive the appropriate support and resources.

The review meeting is scheduled for:

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Location]

During this meeting, we will discuss [Student's Name]'s progress, current needs, and any adjustments that may be necessary to [his/her/their] Individualized Education Plan (IEP). You are a vital part of this process, and we encourage your participation and input.

Please confirm your attendance by [Insert RSVP Date]. If you are unable to attend, let us know so we can arrange alternative methods for your input.

Thank you for your continued support and collaboration in ensuring the best outcomes for [Student's Name].

Best regards,

[Your Name]

[Your Title]

[School/Organization Name]

[Contact Information]