

# Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address] [City, State, Zip Code]

[Email Address] [Phone Number]

[School District's Name] [School District's Address] [City, State, Zip Code]

## **Subject: Appeal for Special Education Services Decision**

Dear [Name of the School District Administrator or Special Education Director],

I am writing to formally appeal the decision made on [Insert Date of Decision] regarding my child, [Child's Name], and the eligibility for special education services.

After reviewing the evaluation results and the determination made, I believe that [Child's Name] qualifies for special education services based on the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

I kindly request a reconsideration of this decision. I would like to meet with the appropriate members of the team to discuss this matter further.

Thank you for your attention to this important issue. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature if sending a hard copy]