

Letter of Appeal

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient's Name]
[Recipient's Title]
[School District/Organization Name]
[Address]
[City, State, Zip Code]

Subject: Appeal for Denied Special Education Services

Dear [Recipient's Name],

I am writing to formally appeal the decision made on [date of decision] regarding my child, [Child's Name], and the denial of special education services. I believe that [Child's Name] is eligible for these services based on [briefly mention the reasons/facts that support your case].

I respectfully request that you reconsider this decision, as it is crucial for [Child's Name]'s educational development and well-being. Attached are [list any documents you are including, e.g., evaluation reports, medical records, etc.] that support my appeal.

Please feel free to contact me at [your phone number] or [your email address] should you need further information or clarification regarding this matter.

Thank you for your attention and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Relationship to the Child]