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| **Sample Stay-Put Letter** |  |  |
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| This template should be used when your child has experienced problems in school, to which the schools has prior knowledge that the student's problems were a reflection of their (potential) disability. Be sure to keep a copy for your records.    (Date)    (Name of District Superintendent),  (Name of School District)  (District Address)  (City), (MI) (Zip Code)    Dear (Name of District Superintendent):  (Name of Student), (Date of Birth),a (Number) grade student at (Name of School), was (Suspended or Expelled) , from the (Name of School District) on (Date). This is a request for an expedited evaluation to determine whether (he / she) is eligible for Special Education services as required under the Child Find provisions of IDEA 2004 and Section 504 of the Rehabilitation Act of 1973.  *(Mark accordingly the option that best fits the situation. Red text will not show up in final letter.)*  ( ) Not yet expelled  As there is considerable evidence to indicate that (Name of Student) has manifested a need for such services and supports over a substantial period of time and, because there is reasonable cause to believe that (First Name of Student) will be found eligible, (he / she) should be immediately reinstated and the expulsion proceedings should be held in abeyance pending the outcome of the Individualized Educational Planning Team meeting.  ( ) Already expelled  As there is considerable evidence to indicate that (Name of Student) has manifested a need for such services and supports over a substantial period of time and, because there is reasonable cause to believe that (First Name of Student) will be found eligible, (he / she) should be immediately reinstated pending the outcome of the Individualized Educational Planning Team (IEPT) meeting.  Presumed prior knowledge: IDEA 2004 provides protection (including "stay put") to students not yet eligible for special education if the district knew that the child was disabled prior to the disciplinary incident. See 20 U.S.C. Sec. 1415(k)(5)(B). The statute specifies four circumstances under which the district had knowledge. In (First Name of Student)'s case: (CHECK THOSE THAT APPLY):  ( ) 1.The student's parent wrote a letter to the school district expressing concern regarding the student's disability or need for special education services. A copy of the letter is enclosed for your reference.  ( ) 2. The student's behavior (repeated suspensions/detentions) and/or poor academic performance demonstrated a need for special education.  ( ) 3. The student's parent spoke with school staff and requested and evaluation of the student.  ( ) 4. School staff (Names of staff) previously expressed concern to (Personnel Responsible for child/find/special ed) regarding the student's behavior or performance.  Enclosed please find my permission to evaluate as well as relevant documentation of past concerns.  Sincerely,      (Parent/Guardian Name)  (Address)  (City), (MI) (Zip Code)  (Phone Number)  (Email Address)    CONSENT TO EVALUATE  I, (Full Name of Parent), hereby give my consent to (Name of school district) to conduct a comprehensive evaluation of my (son/daughter), (Full Name of Student) pursuant to the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act. |  |  |