



## Sample Request for New Assessment/New IEP Meeting

Mrs. Jane Smith  
Special Education Teacher  
Local Unified School District

Re: John Doe  
Date of Birth: 12/22/1995  
Medical Record Number: 123456789  
School: Happy Valley High School

Date: October 1, 2013

Dear Mrs. Smith:

**My patient has an Individualized Education Program (IEP). I am writing to request:**

A new assessment       A new IEP

**The reason for this request is:**

*My patient has a new diagnosis of grand mal seizure disorder.*

**The goals are:**

*To develop a plan for administering his medications and for emergency management of a seizure.*

**Please inform me of the results of the IEP meeting and send me copies of any resulting IEP revisions or assessments.**

I plan / do not plan to attend the IEP.

**I have enclosed the following:**

- Signed HIPPA release form
- Medical summary
- Recommendations
- Other relevant assessments, notes and reports

Sincerely yours,

*R. Friend, MD*

Dr. R. Friend

Revised: 11.15.13