

[DATE]

RE: [FULL NAME OF CHILD/STUDENT]

DOB: [CHILD'S/STUDENT'S BIRTHDATE]

To: [NAME of SPECIAL EDUCATION DIRECTOR or PRINCIPAL]

[NAME of SCHOOL]

I am requesting reconsideration of my child's eligibility category in light of CA Education Code §56332. As you may be aware, this law went into effect on January 1st, 2023, clarifying that Fetal Alcohol Spectrum Disorders (FASD) fall under the Other Health Impairment (OHI) eligibility category. Ensuring my child's primary disability of FASD is documented in the IEP is essential to facilitating effective receipt of appropriate supports and services that address the brain-based nature of this disability. I am looking forward to discussing neurobehavioral approaches and interventions that will further support my child's learning and educational progress.

If further evaluations are needed, please provide me with an assessment plan that delineates the suspected areas of need to be evaluated so that we may agree on how to best support my child's educational needs.

I look forward to finding an agreeable time and location for the IEP meeting that satisfies the needs of all involved.

Sincerely,

[SIGNATURE of PARENT/CAREGIVER/GUARDIAN/EDUCATION RIGHTS HOLDER]

[PRINTED NAME of PARENT/CAREGIVER/GUARDIAN/EDUCATION RIGHTS HOLDER]

[EMAIL ADDRESS & PHONE NUMBER of PARENT/CAREGIVER/GUARDIAN/EDUCATION RIGHTS HOLDER]