



Sample Letter

Please note: It is very important that all correspondence be dated and that you keep a copy for your records.

SAMPLE LETTER FOR A PHYSICIAN RECOMMENDING A CHILD BE FOUND ELIGIBLE FOR SPECIAL EDUCATION UNDER THE CATEGORY OF “OTHER HEALTH IMPAIRMENT”

[Note to Parent – Keep the original copy of this letter for your records and give or send a copy to the school district]

NOTE: Letter to be sent to the parents who will then enclose a copy with a cover letter from them to the Case Manager, Special Education Director or Principal

[Date]

Dear-----

[Name of child] is my patient. I have made a diagnosis of [provide the full name of the disability, such as ADD/ADHD] and recommend that he/she be identified for special education under the category of Other Health Impaired.

[Other chronic or acute health problems within this category include: asthma, diabetes, epilepsy, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia and Tourette syndrome] I am aware that, in order to be determined eligible for special education services under NH special education law/regulations [RSA 186-C and the NH Rules for the Education of Children with Disabilities] and Federal special education law [the Individuals with Disabilities Education Act [IDEA]], a child must have one or more of these diagnoses and the disability must adversely his/her education.

[Note: Include the following paragraph if the child’s diagnosis is ADD/ADHD. If the child has a different diagnosis, include any relevant information that explains how the diagnosis was made]: I have reviewed reports from teachers, behavior rating scales, etc., that show that [name of child] is not able to complete class work because of inattention, lack of concentration, impulsivity, distractibility, disorganization, or other specified reasons.

[Note: Include the following paragraph if appropriate]: In addition, I have administered [name of test or evaluation components] and have reviewed the tests or evaluations or written observation reports of [name of evaluator] to help make the diagnosis.

It is my professional judgment that, in order for [name of child] to receive an appropriate education, he/she requires special education identification and [specify program components].

Very truly yours,

[Name of MD]

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