**Date**  Sent Certified Mail/Return Receipt Requested

**Parent/Guardian Name**

**Parent Address**

**RE: Student Name Student ID:**

Dear Parent/Guardian,

According to our records, your son/daughter **(child’s name)**, is a child with special needs protected by Federal and State legislation under Individuals with Disabilities Education Act (IDEA). On **(insert date of IEP meeting)**, you agreed to the following offer of Free and Appropriate Public Education (FAPE) for Child’s name:

 Specialized Academic Instruction: **insert minutes**

 Speech and Language Services: **insert minutes**

 Occupational Therapy Services: **insert minutes**

In reviewing our enrollment, we see that your son/daughter is not enrolled at any of our schools. **Student’s name** case manager, **Case Managers Name**, contacted you on the following dates: **(insert dates/you can indicate conversation)**, but we have not received a response back from you. Please note that San Diego Unified School District continues to be available to implement **Student’s name** IEP. Please contact us if you continue to be interested in receiving these services. If we do not hear back from you, we will suspend our attempts to contact you.

We look forward to working with you to ensure your **son/daughter’s** academic success.

Thank you,

**Case Manager Name**

**CM Title**

**School Location/Phone number**

Enclosure: Notice of Procedural Safeguards