

INSERT DATE

Via electronic mail only

INSERT PARENT NAME(S)
INSERT ADDRESS

Re: STUDENT NAME
ID#: STUDENT ID
DOB: INSERT DOB

Dear INSERT PARENT NAME(S):

The individualized education program (IEP) team for your child, STUDENT, met on INSERT DATE and proposed an IEP that included Recovery Services for the 2020-21 school year (ADJUST AS NEEDED). In the interest of continuing STUDENT'S educational programming, and upon your request, FCPS agrees to reimburse you for privately obtained services in place of the Recovery Services indicated on STUDENT'S IEP dated INSERT DATE.

Your signature below indicates your agreement to the reimbursement of your privately obtained services in place of the Recovery Services indicated on STUDENT'S IEP. This agreement does not constitute a "stay put" arrangement for any future services beyond Recovery Services for the 2020-21 school year.

For reimbursement: We have received a copy of your paid invoices and IRS W-9.

Parents of a child with a disability have protection under the procedural safeguards. A copy of the revised *Your Family's Special Education Rights (Virginia Procedural Safeguards Notice)* is enclosed. If you have questions regarding this document or desire assistance understanding the provisions of these safeguards, please contact Due Process and Eligibility at 571-423-4470.

Parent Signature

Date

Sincerely,

Kristina Roman
Manager, procedural support
Office of Special Education Procedural Support

Enclosure

cc: Student scholastic record, INSERT SCHOOL NAME

Re: INSERT PARENT NAMES

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INSERT DATE

INSERT SCHOOL PRINCIPAL NAME, principal

Dawn Schaefer, acting director, Office of Special Education Procedural Support

Adam Cahuanzi, acting coordinator, Due Process & Eligibility

Ashley Skinner, procedural support liaison