

Your Name
Street Address
City, State, Zip Code
Telephone number
E-mail Address

Date

Administrator's Name
Title
School Name
School Address
City, State, Zip Code

Re: Request for Manifestation Determination Meeting for your child's name

Dear Mr./Ms. Administrator's Last Name,

My child was recently sent home/suspended/expelled, resulting in my child being placed outside his/her educational setting for more than 10 days this school year. As this constitutes a change of placement, I would like to request that a Manifestation Determination meeting be held within 10 school days pursuant to 20 U.S.C. § 1415(k) and 34 CFR § 300.530(e).

Please send me a notice of the proposed meeting time and place as soon as possible.

Thank you for your prompt response.

Sincerely,

Your name, relation to child