

Mrs./Mr.
Street
Town, NY 10588
email
914-555-5555

REQUEST FOR EDUCATIONAL RECORDS

I, _____, the parent/guardian of _____
(d.o.b ____/____/____), hereby request the educational records of my child from the
_____ School District. I authorize the following records to be provided to me as
soon as possible:

- ✓ The Entire CSE File
 - IEP's
 - Psychological Evaluations/Reports
 - Related Service Evaluations/Reports
 - CSE Meeting Minutes
 - Progress Reports - IEP Goals (and Objectives)
 - CSE Recommendation & BOE Approval Letters
- ✓ The Entire Cumulative File
- ✓ Progress Reports – General Curriculum
- ✓ Report Cards
- ✓ Cumulative Health Record
- ✓ Disciplinary Record
- ✓ Standardized Test Scores
- ✓ Guidance Office Records
- ✓ Class Profile for my child's self-contained classroom placement
- ✓ Related and Support Service School Attendance Sheet
- ✓ Any Correspondence between the District and the Parent Regarding my child's Special Education Program, Discipline or Disability
- ✓ Any Correspondence between the District and the Parent Regarding Discipline Issues
- ✓ The following information maintained in SESIS:
 - student's service calendar for OT, PT SP/L or other related service maintained in SESIS
 - all related service session notes maintained in SESIS
 - all related service progress reports maintained in SESIS
 - student's profile maintained in SESIS
 - All of the student's documents maintained in SESIS

Please let me know how you intend to deliver these records: by mail, electronically or whether the records can be picked up at your office. I authorize that a photocopy or fax transfer of this authorization be treated as if it were the original. Pursuant to 34CFR 300.613 and 8 NYCRR Section 200.5 (d) (6) please provide the requested records no later than **45 days from receipt of this request**.

Parent/Guardian Signature

Date

Print Name