

IEP LETTER FOR DYSLEXIA:

Date:

To Whom It May Concern,

_____, DOB ___, was seen for evaluation. Please provide full and expedited IEP (Individualized Educational Plan) evaluation for this patient, as in my sincere medical opinion, an underlying learning disability, namely dyslexia exists.

Additionally, please institute 504 accommodations in the meantime for an attentional disorder/ADD to include the services listed below:

1. Preferential seating to minimize distractions
2. Extended time on tests and assignments
3. Testing/quizzes in different, quiet setting with few distractions
4. Reduced homework or classwork
5. Verbal , visual, or technology aids
6. Modified textbooks or audio-video materials
7. Behavior management support
8. Adjusted class schedules or grading
9. Work alternates short concentrated periods with breaks
10. Repetition of oral instructions,
11. Homework routine and checking work daily
12. Study skills instruction
13. Please read tests and quizzes read to student
14. Use of graphic organizers for writing
15. Wordbanks and sentence stems for writing

Thank you for your cooperation in this matter. If you have further questions or concerns, please contact us at 313-745-kids.

Sincerely,
