Date \_\_\_\_\_\_\_\_\_\_\_

Dear [Ms./Mr. Last Name of the special education director in your child’s district],

I am the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a child with a disability who is receiving a shortened school day.

This email informs you that I do not consent to continued shortened school days. I am also informing you that I am invoking my right to insist that the district return my child to full school days within \_\_\_\_\_\_ days. [You can specify 5 or more days.]

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Your name], Parent

[You can also do this with a written letter instead of email, but your request will not be effective until the district receives it.]