



UNC CHARLOTTE
College of Education

Office of Field Experiences

9201 University City Blvd., Charlotte, NC 28223-0001
t/ 704.687.8802 f/ 704.687.3441

Date _____

Dear parent(s)/guardian(s),

I am a student in the special education teacher preparation program at the University of North Carolina at Charlotte. This semester I will complete my full time student teaching internship. It is my final preparation before becoming a licensed teacher. Since one of the most important duties of a special education teacher is to facilitate the development of a student's IEP, it is important for me to gain that experience.

I am requesting your permission to assist in planning and designing your child's IEP with the IEP team and (*name cooperating teacher*). My role in this process would entail all or some of the following:

- Conducting formal observations
- Conducting informal assessments
- Communicating with you and with other adults who work with your child
- Reviewing prior evaluation results and other relevant information from your child's student and medical records
- Participating in IEP planning discussions
- Assisting in writing your child's IEP
- Participate in the IEP meeting

By signing this letter, you are granting me permission to assist the IEP team and (*name cooperating teacher*) in planning and designing your child's IEP as described above.

Respectfully,

(Student teacher signature)

(Cooperating teacher signature)

Student teacher name has my permission to assist in planning and designing (**student's name**) IEP in accordance with the activities listed above.

Parent or Legal Guardian

Signature: _____ Date: _____

Printed Name: _____

