

Following is a sample "Parent Inquiry Letter" that you may use to contact the Special Education Department in either Amador or Calaveras counties, or VMRC.

Parent Inquiry Letter

Date: _____

SELPA Director
Calaveras County
Box 760
Angels Camp, CA 95221
Fax: 736-6048

SELPA Director
Amador County
217 Rex Avenue
Jackson, CA 95249
Fax: 223-4739

Intake Coordinator
Valley Mountain Regional Center
P.O. Box 1420
San Andreas, CA 95249
Fax: 754-3211

RE: _____ Date of Birth: ____/____/____
(Name of child) mo day year

I would like to request contact in order to access information regarding Regional Center, Early Start, or Special Education referral and services.

Areas I am concerned about: (✓check all that apply):

- | | |
|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Speech and language delay | <input type="checkbox"/> Developmental delays |
| <input type="checkbox"/> Medical problems or equipment | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Behavior or emotional problems | <input type="checkbox"/> Motor delays |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Learning disabilities | |
| <input type="checkbox"/> Seizures | |

My child is currently receiving the following services (identify any services – e.g. Speech, occupational or physical therapy, counseling, infant development program, other):

My child is currently or will be attending the following school or child care program:

Name of School or Program: _____

Name of Director or Teacher: _____

Address: _____ Phone: _____

You have my permission to contact the above director or teacher to observe and/or assess my child in the school or program setting and give/release information for the purposes of helping my child.

Sincerely,
Sign & print / type name
Address (include city & zip code)
Phone number (day & evening number)