

Doña Ana County Head Start
New Mexico State University
College of Health, Education & Social Transformation
P.O. Box 30001, MSC 3R
Las Cruces, NM 88003-8001
Tel. (575)646-8910 Fax (575)646-3047
www.headstart.nmsu.edu

(Date)

(Parent Name & Address)

Dear Parent of **(Child's Name)**

This letter is to inform you of the special education services provided to your child **(Child's Name)**.

The current IEP indicates that your child is to receive **(type of therapy) (amount of therapy)** at the Head Start program. This service is provided by the **(Name of LEA)** school district during the regular classroom hours. A sign in sheet is provided at the center to document times and dates of services.

If you have any questions or concerns regarding the amount or type of special services provided, please feel free to contact me, (575) 646-8901. If you would like to meet with the therapist or case manager we will assist in setting up the meeting.

Sincerely,

Disability Specialist
Doña Ana County Head Start

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(Date)

(Parent Name & Address)

Estimado padre (Child's name)

Esta carta es para informarle sobre los servicios de educación especial prestados a su hijo (**Child's name**).

El IEP actual indica que hijo recibirá (**type & amount of therapy**) en el programa Head Start. Este servicio es proporcionado por el distrito escolar de (Nombre de LEA) durante el horario regular de clases. Se proporciona una hoja de registro en el centro para documentar las horas y fechas de los servicios.

Si tiene alguna pregunta o inquietud con respecto a la cantidad o el tipo de servicios especiales proporcionados, no dude en comunicarse conmigo al (575)646-8901. Si desea reunirse con el terapeuta o el administrador de casos, lo ayudaremos a programar la reunión.

Sinceramente,

Especialista en Discapacidad
Doña Ana County Head Start