Dear ________________________________,

Principal, Committee on Special Education Chairperson or Superintendent

This letter is to formally request that my child ________________________________ (student's name) be considered for the superintendent determination option and that his/her academic records be reviewed to determine if he/she meets the conditions for the superintendent determination and has otherwise met the standards for graduation with a local diploma.

Sincerely,

__________________________________________
Parent Signature

__________________________________________
Date

__________________________________________
Parent’s Name (print)

1This is a model form that can be used for the purpose of requesting the Superintendent Determination; however, a written request in any form is acceptable for the purpose of submitting such request.