

PARENT INVITATION

Date: _____

Written Notice Number: _____

To: _____

From: _____

I am inviting you to attend a meeting to discuss the educational needs of:

Student's Full Name

Date of Birth

PURPOSE FOR MEETING (Check all which apply):

<input type="checkbox"/> To determine if a child has a suspected disability <input type="checkbox"/> To develop an evaluation plan <input type="checkbox"/> To determine eligibility for services as a child with a disability <input type="checkbox"/> To develop, review, and/or revise the student's IEP <input type="checkbox"/> To determine reevaluation needs	<input type="checkbox"/> To discuss transition from early childhood to school-age programs <input type="checkbox"/> To discuss transition from school-age to post secondary programs/activities <input type="checkbox"/> To discuss disciplinary matters <input type="checkbox"/> At your request to discuss: _____ <input type="checkbox"/> Other: _____
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This conference will be scheduled as a (check one):

Face to face meeting Video conference Telephone Conference/ Conference Call

Date: _____ Time: _____ Location: _____

Other persons who have been invited to attend this meeting include:

<input type="checkbox"/> Regular Education Teacher	<input type="checkbox"/> Student	<input type="checkbox"/> Other
<input type="checkbox"/> Speech and Language Pathologist	<input type="checkbox"/> School Psychologist	_____
<input type="checkbox"/> Special Education Teacher	<input type="checkbox"/> District Representative	_____

You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.

If you would like to schedule the conference at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact: _____ at _____

✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂

Call or complete and return to the student's school.

Name of Student _____ Birth Date _____

<input type="checkbox"/> I will attend/participate	<input type="checkbox"/> I would like the location of this meeting changed.
<input type="checkbox"/> Another/Others will accompany me (optional)	<input type="checkbox"/> I would like to change the type of meeting to _____
<input type="checkbox"/> I will not attend/participate	(face to face, video/ teleconference)

I would like this meeting rescheduled for the following suggested date and time: _____

A bilingual or sign language interpreter is requested.

Yes No If Yes, specify language/mode of communication _____

Parent Signature: _____ Date: _____