NOTICE OF MEETING

Student Name: _____ DOB: _____ Date: _____

Grade: _____ School: _____ Student Test Number: _____

Dear Parent/Guardian/Surrogate:

A meeting has been scheduled to discuss educational programming for your child. If an evaluation has occurred, a copy of the evaluation report will be provided to you at the meeting. You may bring additional information. You may also invite additional participants whom you or the school have determined to have knowledge or expertise regarding your child or someone to assist you at the meeting. Parents have protections under the procedural safeguards of special education law.

☐ Explanation of Procedural Safeguards attached. Please read carefully.

☐ Written Notice attached.

Purpose of meeting: _____

The meeting date is: _____ at _____ at _____ .
Date Time Location

The following additional persons have been invited to participate in the meeting:

NAME	TITLE

Please notify the school if you cannot attend. Please notify the school if a sign language interpreter or a language translator is needed.

Sincerely,

_____ _____ _____ _____
Staff member completing form Phone Ext Email

If parent didn't attend or participate in the meeting by other means, documentation of five efforts to involve parents:

DATE	ATTEMPT	RESULTS

Print