

PR-02 PARENT INVITATION

TO: _____

DATE: _____

FROM: _____

WRITTEN NOTICE NUMBER: _____

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

CHILD'S NAME: _____ DATE OF BIRTH: _____

PURPOSE FOR MEETING (Check all that apply):

To determine if a child has a suspected disability

To develop an evaluation plan

To determine eligibility for services as a child with a disability

To develop, review, and/or revise the student's IEP

To determine reevaluation needs

To discuss transition from early childhood to school-age programs

To discuss transition from school-age to secondary programs/activities

To discuss disciplinary matters

At your request to discuss: _____

Other: _____

THIS CONFERENCE WILL BE SCHEDULED AS A: (check all that apply)

Face to face meeting

Video conference

Telephone conference/Conference Call

DATE: _____ TIME: _____ LOCATION: _____

OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:

General Education Teacher

Student

Other

Intervention Specialist

School Psychologist

Speech and Language Pathologist

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:

CONTACT: _____ PHONE: _____

CUT

RESPONSE TO PARENT INVITATION

COMPLETE AND RETURN TO THE CHILD'S SCHOOL

CHILD'S NAME: _____

DATE OF BIRTH: _____

I will attend/participate

I will not attend/participate

Another/Other will accompany me (optional)

I would like the location of this meeting changed to: _____

I would like to change the type of meeting to: _____

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

A bilingual or sign language interpreter is requested.

Desired language/mode of communication _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____