

# INVITATION TO A MEETING

Department of Special Education/Sevier County Schools

Dear \_\_\_\_\_

Date \_\_\_\_\_

Our school system would like to invite you to attend a meeting to discuss the education needs of \_\_\_\_\_ (student). It will be at \_\_\_\_\_ (location and room) on \_\_\_\_\_ (date) at \_\_\_\_\_ (time.) Members of our staff would like to meet with you for the following reasons: (Check all that apply.)

- To review your child's educational status and determine what data, if any, are needed to complete your child's evaluation/re-evaluation.
- To review the results of your child's initial evaluation/re-evaluation and determine eligibility for special education and related services.
- To review and/or develop your child's Individualized Education Program (IEP).
- To consider a manifestation determination based upon your child's disability prior to a disciplinary action/hearing.
- To consider the need for a functional behavior assessment of your child.
- To consider the need to create or revise a behavior intervention plan.
- To consider the need to develop or revise the student's transition plan. (The student and other agency(s) representative(s) are also receiving this invitation.)
- To review your child's anticipated date of graduation or exit from special education.
- Other: \_\_\_\_\_

In addition to you as parent(s), other persons who will be invited to attend include: **(Check all that apply.)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Principal, or designee     | <input type="checkbox"/> Regular Education Teacher |
| <input type="checkbox"/> School Psychologist       | <input type="checkbox"/> Speech/Language Specialist | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Student                   | <input type="checkbox"/> Other: _____               | <input type="checkbox"/> Other: _____              |

Related Services:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Vision Specialist |
| <input type="checkbox"/> Hearing Specialist     | <input type="checkbox"/> Counselor          | <input type="checkbox"/> Other: _____      |

Please plan to participate in this meeting; your input is very important. You are welcome to bring others who you believe can assist the team. If you do bring others, we encourage you to notify us before the meeting so that arrangements can be made to accommodate all the participants. If you need an interpreter or translator, please let us know. If you are unable to attend at the proposed time, but would be able to participate if the meeting were rescheduled (to a mutually agreed upon time and place), or if you would prefer to participate by phone, we can arrange that. If you have questions concerning your rights as outlined in the enclosed brochure, please contact our department at your child's school.

Signed: \_\_\_\_\_

Contact person's name and phone number

Enclosure: *Rights of Children with Disabilities and Parent Responsibilities*

cc: Meeting participants

-----  
**Return this portion to the school through your child or by mail.**

**PARENT REPLY**

Student \_\_\_\_\_

- \_\_\_ 1. Yes, I will meet with you at the scheduled time.
- \_\_\_ 2. No, I cannot meet with you as scheduled but can participate if the meeting was rescheduled (to a mutually agreed upon time and/or place), or if the meeting could be conducted by phone.
- \_\_\_ 3. No, I will not be able to meet with you; but I expect to be informed of the outcome and recommendations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable: I am waiving the requirement for the school to notify me at least 10 days in advance of the meeting date.

Date \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

**Documentation of attempts to ensure parental participation**

Types of contacts: WC = written correspondence this form whether mailed or sent home with student  
TCT = telephone call to  
TCF = telephone call from  
HV = home visits  
Other - specify

Date(s)	Results