

**INVITATION TO A MEETING**  
Department of Special Education/Sevier County Schools

Date \_\_\_\_\_

Parents,

Our school system would like to invite you to attend a meeting to discuss the education needs of \_\_\_\_\_ (child). It will be held at School and room \_\_\_\_\_ on \_\_\_\_\_ (date) \_\_\_\_\_ (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/reevaluation 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 \_\_\_\_\_

Other people, and their titles, who will be invited to attend:

- |  |   |  |
|--|---|--|
| <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: _____              |
| Related Services:                                  |   | <input type="checkbox"/> _____, Student            |
| <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 can 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 was rescheduled (to a mutually agreed upon time and/or place), or conducted by phone, or if you have any questions concerning your rights as outlined in the enclosed brochure, please contact our department by \_\_\_\_\_ (date) at \_\_\_\_\_ (phone number).

Sincerely,  
\_\_\_\_\_ (contact person)

Enclosure: *Rights of Children with Disabilities and Parent Responsibilities*  
cc: Meeting participants

**Parent's Reply**

I (check one)  will  will not attend Or

I could attend if the meeting were held (time/date/place) \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Parent Waives Right to 10-day Notice

- Yes
- No

If yes, please sign here: \_\_\_\_\_

Types of Contact	Dates	Results
Written Correspondence		
Telephone Calls		
Home Visits		
Other		