

INVITATION TO A MEETING

Department of Special Education/Sevier County Schools

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Our school system would like to invite you to attend a meeting to discuss the education needs of \_\_\_\_\_ (child). 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/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:

_____	_____
_____	_____
_____	_____
_____	_____

Student: \_\_\_\_\_

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 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,

Enclosure

*Rights of Children with Disabilities  
And Parent Responsibilities*

cc: Meeting participants

**Parents' Reply:**

I (circle one) will/will not attend.

OR

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

\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Documentation of attempts to ensure parental participation**

<b>Types of Contact</b>	<b>Date(s)</b>	<b>Results</b>
Written Correspondence		
Telephone Calls		
Home Visits		

Other		
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