

# 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)

- |                                                                                             |                                                                                                 |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> To determine if a child has a suspected disability                 | <input type="checkbox"/> To discuss transition from early childhood to school-age programs      |
| <input type="checkbox"/> To develop an evaluation plan                                      | <input type="checkbox"/> To discuss transition from school-age to secondary programs/activities |
| <input type="checkbox"/> To determine eligibility for services as a child with a disability | <input type="checkbox"/> To discuss disciplinary matters                                        |
| <input type="checkbox"/> To develop, review, and/or revise the student's IEP                | <input type="checkbox"/> At your request to discuss: _____                                      |
| <input type="checkbox"/> To determine reevaluation needs                                    | <input type="checkbox"/> 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:**

- |                                                          |                                                  |                                       |
|----------------------------------------------------------|--------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> General Education Teacher       | <input type="checkbox"/> Student                 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Intervention Specialist         | <input type="checkbox"/> School Psychologist     |                                       |
| <input type="checkbox"/> Speech and Language Pathologist | <input type="checkbox"/> 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: \_\_\_\_\_

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## 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/Others 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: \_\_\_\_\_