

JOHNSTON PUBLIC SCHOOLS

Special Services

DATE:

STUDENT _____	D.O.B. ____/____/____	
SCHOOL _____	GRADE _____	TEACHER/COUNSELOR _____
PARENT/GUARDIAN _____	ADDRESS _____	

Dear Parent(s):

The school district is planning a meeting to discuss:

Purpose of Meeting

- Initial IEP
- IEP Amendment
- Annual IEP
- IEP Review
- IEP/Transition Planning
- New Referral
- Permission for Re-Evaluation
- Eligibility/Evaluation/Re-Evaluation
- Manifestation Determination

The following individuals have been invited to participate in this meeting:

- Parent/Guardian
- Local Education Agency Representative
- Special Education Teacher
- General Education Teacher
- Student (required if 14 or older)
- School Psychologist
- School Social Worker
- School Nurse Teacher
- Speech/Language Pathologist
- Physical Therapist
- Occupational Therapist
- Outside Agency
- Other _____

You are an important part of this process and we would like to invite you to be an active participant of the team in reviewing your child's educational need. You are invited to join the team meeting scheduled on:

DATE:

TIME:

LOCATION:

If you require special accommodations in order to participate in this meeting, please call at least two business days in advance of the meeting. Other arrangements will be made to include you if you are unable to attend or participate in this meeting. Please return one copy of the meeting notice to the person below to confirm that you will attend the team meeting or if you have any questions regarding the meeting:

NAME:

TELEPHONE:

We look forward to meeting with you.

Yours truly,

Parental Response: Check One –

- _____ I/We will participate in the team meeting.
- _____ I/We will participate in the team meeting and waive my right to 10 school days prior written notice before the Johnston Public Schools convenes a team meeting.
- _____ I/We are interested in participating, but cannot attend on the date scheduled.
- _____ I/We will not be participating in the team meeting.

PARENT SIGNATURE

_____/_____/_____
DATE