

CONFERENCE NOTICE ENCLOSURE

A conference has been scheduled for _____ on _____
(Student's Name) (Date)
at _____ in _____.
(Time) (Location)

Type of Conference:

[Check those that apply]

- The referral of your child for consideration of special education and related services
- An evaluation of your child (____initial, ____independent, ____reevaluation)
- Programming (IEP) [check those that apply]
 - Initial IEP
 - Annual review
 - Student progress
 - The educational placement of your child (____dismissal from special education, if applicable)
 - Other _____
(Transportation, attendance, etc.)
- Transition services
- Transfer of Rights
- Extended School Year Services (ESY)
- Related Services
- Discipline

We are required to hold this conference within a specified time period under state and federal regulations.

Please Keep This Section Of The Form For Your Information.

Child's Name: _____

Please check the appropriate responses below, sign your name and **return this part of the form** and/or call within seven (7) days.

- I will attend the meeting. The date and time are acceptable.
- I would like to attend the meeting, but I cannot do so at the time suggested.

Please call me at _____ to reschedule for _____ at _____.
(Phone Number) (Date) (Time)

- I am unable to attend the meeting. Please proceed with the conference without me.
- I have received a copy of "Your Rights Under the IDEA" and information about sources available to help me understand these rights. I understand that I have the right to invite any individuals to advise and assist me in the conference.

Signature of Parent/Guardian/Student

Date

Please Return to:

Public Agency Official

Public Agency

Address

Town, State, Zip

Phone