

**FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM**

**Parent Notification**

<b>Name of Student:</b>	<b>Grade:</b>	<b>DOB:</b>	<b>School:</b>
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Dear Parents:

We would like to invite you to attend a meeting scheduled for the date and time below for the reason(s) as checked:

<b>Date:</b>	<b>Time:</b>	<b>Location:</b>
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**Note:** You have the right to bring in any individual with knowledge or expertise about your child.

- Conduct an Eligibility Determination Meeting - Review results of the initial evaluation and determine eligibility for special education and related services. If your child is determined eligible, an Individualized Education Program (IEP) and Placement meeting will follow.
- Conduct an initial IEP Meeting – Develop on initial IEP
- Conduct a IEP Review Meeting - Discuss and make changes as needed to the IEP.
- Conduct an Reevaluation Meeting - Discuss your child’s reevaluation and determine continued eligibility for special education and related services.

The following individuals have been invited to the meeting:

- Principal/Agency Rep     Special Education Teacher     General Education Teacher
  - Student                             Adult Service Agency (For Transition)
  - Individual who can interpret education implications of evaluation result
- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                    | <hr/>                    |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                    | <hr/>                    |

If the date/time/location is not convenient, or if you have any questions, please contact the Case Manager at \_\_\_\_\_ to arrange a more convenient time. If you do not contact the school concerning the scheduled meeting date, we will conduct the meeting on the date indicated above.

<hr/>	<hr/>
<b>Principal/Administrator</b>	<b>Date</b>

This entire notice has been communicated in the parent’s primary language or other mode of communication via:

- Phone     In-person     Letter     Radio    On: \_\_\_\_\_
- Date

**Please sign and return the original copy as soon as possible.**

Parent Notification

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- Yes, I will attend the meeting.
- No, I will not be able to attend this meeting. You may conduct the meeting without me and send me copies of the results.
- I would like to reschedule the meeting.
- I would like an alternative means of participating in the IEP meeting: \_\_\_\_\_

\_\_\_\_\_

Parent Signature Date

**Excusal of IEP Participants (Expertise Not Needed)**

I, \_\_\_\_\_, agree to excuse the following IEP members from attending the IEP meeting because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

Individuals to be excused:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature/Date Agency Representative's Signature/Date

**Excusal of IEP Participants (Expert Input Needed)**

I, \_\_\_\_\_, agree to excuse the following IEP members from attending the IEP meeting, even when the meeting involves a modification to or discussion of the member's area of the curriculum or related services. However, the member must submit in writing to the IEP Team, information to develop the IEP prior to the meeting.

Individuals to be excused:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature/Date Agency Representative's Signature/Date