# 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)

☐ To determine if a child has a suspected disability
☐ To develop an evaluation plan
☐ To determine eligibility for services as a child with a disability
☐ To develop, review, and/or revise the student's IEP
☐ To determine reevaluation needs

☐ To discuss transition from early childhood to school-age programs
☐ To discuss transition from school-age to secondary programs/activities
☐ To discuss disciplinary matters
☐ At your request to discuss: _____
☐ 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:**

☐ General Education Teacher          ☐ Student          ☐ Other: _____
☐ Intervention Specialist          ☐ School Psychologist
☐ Speech and Language Pathologist          ☐ 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:** _____