Alachua County Public Schools Exceptional Student Education

Invitation to the Educational Planning Conference (Gifted)

To the Parent(s) or Guardian(s) of:_____ Date:_____

DOB:_____ Student No.:_____

Address:_____

You have the opportunity and are encouraged to participate in an Educational Planning Conference regarding your son/daughter _____ as specified in the State Board of Education Rule 6A-6.0331, FAC.

An individual meeting has been scheduled at _____ *(place)*
On _____ *(date)* at _____ *(time)* for the following:

(Check all that apply)

☐ 1. The opportunity to develop the educational plan for your child.
☐ 2. The determination of the appropriate educational program for your child.
☐ 3. The review and updating of the educational plan for your child.
☐ 4. Other: _____

The following people are invited to participate in this meeting *(Please check)*:

☐ General Education Teacher(s) ☐ Teacher(s) of the Gifted ☐ ESE District Staff
☐ Speech-Language Pathologist ☐ School Counselors ☐ School Psychologist
☐ School Administrator

For further information call _____ at _____
Name of School Official *Phone Number*

As parent(s)/guardian(s) of a child identified as gifted you have protections under the procedural safeguards of Rule 6A-6.03313, FAC, Procedural Safeguards for Exceptional Students Who are Gifted. A copy of the procedural safeguards is attached for you. Please read carefully.

Parent: Please check one of the following and return to your child's school:

☐ 1. Yes, I will attend on the above date and time.
☐ 2. I wish to attend an individual conference at another time. Date:_____ Time:_____
☐ 3. I do not plan to attend the meeting. Please send me a copy of the Educational Plan.

As a parent you have the right to bring someone with special knowledge and expertise about your child to the meeting. To assist in developing your son's/daughter's educational plan, please complete the survey below.

Describe your son's/daughter's areas of strength.	
Identify areas/objectives this year's Educational Plan should include	
List other information you wish to share about your son/daughter	

_____ _____ _____
Home Phone *Work Phone* *Signature of Parent/Guardian*

Please return this form to: _____ at _____
School

Office Use Only: Contact Attemps

	Date	*Method*
1.	_____	_____
2.	_____	_____

Form No.: ESE-819-002 – Invitation to Educational Planning conference-Gifted / ESE / Gifted
New Date: 9/11/18

Distribution: __ District __ School __ Parent