

Notice of Conference

Student Name: _____		Today's Date: _____	
Student #: _____	School: _____	Grade: _____	
Date of Birth: _____	Sex: _____	Race: _____	Primary Language at Home: _____
Parent/Guardian Name: _____		Home Phone: _____	
Parent/Guardian Address: _____		Work Phone: _____	

Dear Parent/Guardian/Surrogate: You are invited to attend a conference to discuss the educational needs of your child. More specifically, the purpose of the conference is to:

- Review your child's Individual Educational Plan (IEP).
- Discuss your child's evaluation results; determine initial eligibility for special education; and, when appropriate, develop/update an Individual Education Plan and obtain your consent for initial special education placement (parent participation mandatory.)
- Discuss your child's re-evaluation needs for (**check one**) three-year re-evaluation due _____ (**date**) or a more frequent re-evaluation.
- Discuss your child's re-evaluation results, determine continuing eligibility for special education; and when appropriate, develop/update an Individual Education Plan (IEP).
- Identify any school to post school transition services your child may need.
- Determine if specific behaviors are a manifestation of your child's disability.
- Consider other changes in services for a free appropriate public education for your child.

The conference has been scheduled at _____ on _____ at _____
(Location) (Date) (Time)

The following people are also invited to participate in this meeting:

- | | |
|--|--|
| <input type="checkbox"/> Basic Education Teacher(s) _____ | <input type="checkbox"/> Exceptional Student Education Teacher(s) _____ |
| <input type="checkbox"/> School Administrator(s) _____ | <input type="checkbox"/> Exceptional Student Education District Staff _____ |
| <input type="checkbox"/> School Counselor _____ | <input type="checkbox"/> School Psychologist _____ |
| <input type="checkbox"/> Speech/Language Pathologist _____ | <input type="checkbox"/> Student (<i>must be invited if turning 14 or older</i>) _____ |
| <input type="checkbox"/> Agency Representative (<i>agency</i>) _____ | <input type="checkbox"/> Other(s) (<i>title</i>) _____ |

You have specific rights related to the conference and its purpose(s). These rights are described in the attachment to this letter. You have a right and are welcome to invite other individuals with special knowledge about your child or special knowledge and expertise. We would appreciate advance notice of any individuals you may bring in order to accommodate the group size. If you need additional information about your rights described on the attachment or about the purpose(s) of the conference or about persons who may be invited, you can contact me at _____

(Location Phone)

Please identify your decision about attending the conference by checking the appropriate box below, signing, dating and returning this form to your child's school as soon as possible. Also, please note your concerns for discussion at this conference in the space provided below.

(Name and Title) (Date)

Attachment: Outline of Procedural Safeguards – Full description available online at <http://www.sbac.edu/~ese/>

- I have received a copy of **Outline of Procedural Safeguards** and **Notice of Conference**
- I request a copy of the full **Notice of Procedural Safeguards for Parents of Students with Disabilities**
- Yes, I will attend the conference at the scheduled time.
- No, I cannot attend the conference. Please proceed without me.
- No, I cannot attend the conference at the scheduled time. Please contact me at _____ to reschedule the conference.
- Your concerns for your child's education _____

(Parent/ Guardian Surrogate Signature) (Date)

Office Use Only: Record of contact Attempts.			
1. Date _____	Type _____	By Whom _____	Results _____
2. Date _____	Type _____	By Whom _____	Results _____