

PARENTAL PRIOR NOTICE - PROPOSED MEETING ARRANGEMENTS

Student Name: _____ Grade: _____ DOB: _____ ID#: _____

Date: _____

Dear Parent/Guardian/Student:

We have tentatively scheduled a meeting with you to discuss the information noted on the attached Parental Prior Notice Form. If this meeting time is not convenient for you, please review the options at the bottom of this sheet and return to the school at your earliest convenience. You have the right to invite persons who have knowledge or special expertise regarding your child to the meeting. (If your child is transitioning from Nevada Early Intervention Services (Part C Services) at age three, you may ask that the District invite a service provider or coordinator from that agency to participate in your child's initial IEP meeting. Please contact the person listed below if you would like the District to invite a Part C representative to participate in your child's initial IEP meeting).

The tentative meeting date is: _____ at _____ Time _____ at _____ Location _____.

The following additional persons have been notified about the meeting and may be in attendance:

<u>Principal/Designee</u>		<u>General Ed. Teacher</u>	
Title	Name	Title	Name
<u>Special Ed. Teacher</u>		<u>Student</u>	
Title	Name	Title	Name
Title	Name	Title	Name
Title	Name	Title	Name
Title	Name	Title	Name
Title	Name	Title	Name

Please refer to the Parental Prior Notice for information about procedural safeguards available under the IDEA.

Sincerely,

_____ Location _____ Phone _____
Principal or Designee (person completing form)

PLEASE DETACH HERE AND RETURN TO SCHOOL

_____ Student Name _____ Proposed Meeting Date _____ Proposed Meeting Time _____ Proposed Meeting Location _____

CHECK THE ITEMS THAT APPLY:

- I give consent to the District to invite the following person(s) _____ from _____ to _____ to attend the IEP meeting for transition services. Participating Agency
- I will attend the meeting at the time and place specified.
- I will bring the following person(s) _____ Name _____ Title _____ to the meeting.
- I would prefer a telephone conference and am available from _____ Hours _____ at _____ Phone _____.
- I wish to attend but cannot meet on the dates specified; however, I can meet on _____ Date _____ at _____ Time _____, if this is mutually acceptable.

Please call the school to confirm this appointment. If there is a scheduling conflict, an alternative meeting date and/or time may be needed.

_____ Date _____ Parent/Guardian/Student Signature _____