

# RANKIN COUNTY SCHOOL DISTRICT

## Invitation to Committee Meeting

Student's Name: \_\_\_\_\_

Date given/sent/mailed: \_\_\_\_\_

Dear Parent:

You are invited to a meeting to discuss your child's education services and program. Your participation is very important! This meeting must be held at a mutually agreed upon time and place. If you are not able to meet at this time or location or if you need interpreter services to participate in the meeting, please contact the school using the contact listed below to reschedule the meeting at a more convenient time or location or arrange for assistance. You can also indicate your preferences on the Invitation to Committee Meeting Reply letter included. The meeting will be held as follows:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

The purpose of this meeting is (*check all that apply*):

<b>Child Find, Evaluation, and Eligibility Determination</b>	
<input type="checkbox"/> To determine if your child needs a comprehensive evaluation and to plan the initial evaluation.	
<input type="checkbox"/> To discuss your child's evaluation and to determine if your child is eligible for special education.	
<input type="checkbox"/> To determine if your child needs additional assessment for a reevaluation and to plan the reevaluation.	
<input type="checkbox"/> To discuss your child's reevaluation and to determine if your child continues to be eligible for special education.	
<b>Individualized Education Program (IEP)</b>	<b>Other</b>
<input type="checkbox"/> To develop an initial or annual IEP for your child.	<input type="checkbox"/> To determine your child's most appropriate placement.
<input type="checkbox"/> To review your child's IEP and to revise it, if necessary.	<input type="checkbox"/> To discuss disciplinary actions.
<input type="checkbox"/> To develop or revise your child's transition plan.	<input type="checkbox"/> To conduct a manifestation determination.
<input type="checkbox"/> To determine if your child needs Extended School Year (ESY) services.	<input type="checkbox"/> To develop, review, or revise a behavior support plan.
	Other: _____

**The following persons have been asked to participate in this meeting:**

- |  |   |
|--|---|
| <input type="checkbox"/> Special Education Teacher _____<br><input type="checkbox"/> Regular Education Teacher _____<br><input type="checkbox"/> Speech/Language Pathologist _____<br><input type="checkbox"/> School Administrator _____<br><input type="checkbox"/> Assessment Personnel _____<br><input type="checkbox"/> Student** _____ | <input type="checkbox"/> Behavior Specialist _____<br><input type="checkbox"/> Occupational Therapist _____<br><input type="checkbox"/> Physical Therapist _____<br><input type="checkbox"/> Counselor _____<br><input type="checkbox"/> Interventionist _____<br><input type="checkbox"/> Other (specify): _____ |
|--|---|

You are an important member of this team! You are welcome to bring anyone with special knowledge or expertise about your child who can assist you at the meeting, or any information (e.g., medical records, results of outside testing, or work samples) that would help with making educational decisions for your child. Your child is also welcome to attend if you wish. You are also able to audio and/or video record this meeting, if you wish; however, you will need to give us a 24-hour notice so that we may also be able to record the meeting. I have included the following important information for you:

- Meeting Invitation Reply
- Procedural Safeguards Notice
- Other: \_\_\_\_\_

Please respond to this Invitation to Committee Meeting by completing the Invitation to Committee Meeting Reply letter included and returning it to your child's school. If you have any additional questions or concerns, please contact me using the number below.

**Both State and Federal regulations concerning the education of children with disabilities include many parental rights and responsibilities. A copy of the procedural safeguards, which include the rights available to you and your child, as well as a list of resources to contact for help in understanding Part B of IDEA can be found at: <http://www.rcsd.ms/Page/40090>.**

Sincerely,

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Telephone Number

**RANKIN COUNTY SCHOOL DISTRICT**  
**Meeting Invitation Reply**

STUDENT'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Date of meeting: \_\_\_\_\_ Time of meeting: \_\_\_\_\_ Location: \_\_\_\_\_

**RESPONSE— Please verify your response and return to your child's school within two (2) days.**

**Attendance:**

- I will attend the meeting at the scheduled time.
  - In person
  - By phone at \_\_\_\_\_ (*phone number*)
  - Other: \_\_\_\_\_
  
- I want to come, but I cannot attend the meeting at the scheduled time. Please contact me at \_\_\_\_\_ (*phone*) to make other arrangements. I am available for the following:  
Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_
  
- I do not wish to participate in the meeting. Please conduct the meeting without me, but contact me following the meeting.

**Assistance:**

- I need an interpreter to participate.
- I would like to record this meeting.
  - Audio recording
  - Video recording
- I would like to invite the following people:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other comments (*please share any additional information you wish to share*):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign here:**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY:**

Method of contact: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_  
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Method of contact: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_