

**GROTON PUBLIC SCHOOLS
NOTICE OF INDIVIDUAL SERVICE PLAN MEETING FOR NON-PUBLIC SCHOOL STUDENTS**

Date: _____

(Name of Parent/Guardian or Student)

(Street Address)

(City/Town) (State) (Zip Code)

Dear _____

Please be advised that an Individual Service Plan meeting will be convened on behalf of:
_____, _____ . The meeting is scheduled as follows:
(Student's Name) (DOB)

Date: _____ **Time:** _____ **Location:** _____

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

- develop individual service plan
- review/revise Individual service Plan
- conduct an Annual Review of the Individual Service Plan
- other: (specify) _____

The following individuals have been invited to attend:

_____ Administrator	_____ Name and Title
_____ Student's Reg. Ed. Teacher	_____ Name and Title
_____ Special Education Teacher	_____ Name and Title
_____ Student	_____ Name and Title
_____ Name and Title	_____ Name and Title

Parent participation in this process is very important. Please make every effort to attend this meeting. You may bring any other individuals to the meeting, including those who have knowledge or special expertise regarding your daughter/son. The meeting may be rescheduled at a mutually agreed upon time and place.

If you have any questions or wish to reschedule the meeting please contact me at _____
(Telephone No.)

Sincerely,

(Name and Title)

