

Date: _____ Write mm/dd/yy. Date is at least 7 calendar days before an ARC.

First Notice

Second Notice

There must be documentation of multiple attempts to arrange a mutually agreed upon time and place. One attempt must be the ARC Notice of Meeting.

Enter District Name Here
NOTICE OF ADMISSIONS AND RELEASE COMMITTEE MEETING

Dear _____, Write the name of the student representative.

I am inviting you to attend a conference to discuss the educational needs of:

Student's Full Name _____ self-explanatory

Date of Birth _____ mm/dd/yy

PURPOSE FOR CONFERENCE (Check all which apply):

- To discuss a referral for an individual evaluation Required for a meeting to discuss the referral.
- To discuss results of an individual evaluation
- To develop, review, and/or revise the student's IEP and make placement decisions
- To discuss post-secondary transition needs and/or services Check for a student referred who is in the 8th grade or 14 and older
- To determine reevaluation needs
- To discuss disciplinary action
- At your request to discuss: _____
- Other: _____

This conference has been scheduled for:

Date: _____ mm/dd/yy

Time: _____ self-explanatory

Location: _____

Address (Optional): _____ Include the address if it would benefit the parent or other ARC members.

Other persons who have been invited to attend this meeting include: Check the titles of participants invited to attend. Invite **only** the participants who can contribute to the purpose stated above. For children transitioning from First Steps, invite the First Steps Coordinator or other representatives of the Part C system. Required persons, in addition to the ARC Chairperson, are marked. Individuals who can interpret the instructional implications of evaluation results are required for this meeting. This may be, as appropriate, a Speech Language Pathologist, a Diagnostician, a Psychologist, or a teacher or administrator who can interpret test results. This individual may already be a member of the ARC as Chairperson, Regular Education Teacher, or Special Education teacher.

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Regular Education Teacher | <input checked="" type="checkbox"/> Special Education Teacher | <input checked="" type="checkbox"/> Educational Diagnostician |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Physical Therapist | <input checked="" type="checkbox"/> School Psychologist |
| May serve as Sp Ed Teacher if referred for Sp. Lang. only | | |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Student (if age 14 and up or 8 th grade) | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Other (Specify): _____ | | |

Agencies that have been invited to send a representative to discuss Transition needs and/or services (Required, if appropriate, by the child's 16th birthday and thereafter)

For students who are age 16 or older who have a signed Consent for Release of Information on file for agency representatives to attend the ARC meeting, check the appropriate boxes.

- Vocational Rehabilitation Other (Specify): _____ Not Appropriate at this time

You are welcome to bring any information, including formal or informal test results, work samples, etc. to the meeting. You may bring someone who has knowledge or special expertise regarding the student or someone to assist you at the meeting if you would like.

If you need us to schedule the conference at a different time, date, or location or if you require an interpreter please:

- call the District Representative listed below at the telephone number provided, or
- complete the bottom of this form and return it to the District Representative.

Sincerely,

_____ Write the name of the ARC Chairperson. This does not have to be a signature
Name of District Representative

_____ Number of the ARC Chairperson
Telephone Number

Option for the parent(s) to note the need for alternative meeting times, dates, locations, and means of participation.

Call or complete and return to the student's school.											
Name of Student: _____											
<input type="checkbox"/> I will be attending this meeting						<input type="checkbox"/> I will NOT be attending this meeting					
<input type="checkbox"/> I would like this meeting rescheduled – Suggested Date, Time and Location:											
Date: _____				Time: _____				Location: _____			
<input type="checkbox"/> I need to participate through alternate means:						<input type="checkbox"/> Phone Conference – Phone No.: _____					
						<input type="checkbox"/> Other _____					
<input type="checkbox"/> I need an interpreter to attend the ARC Meeting						Type of Interpreter: _____					
Parent Signature: _____						Date: _____					