



EDUCATIONAL SERVICE UNIT 10

NOTIFICATION OF MULTIDISCIPLINARY TEAM (MDT) CONFERENCE AND/OR NOTIFICATION OF INDIVIDUAL EDUCATION PROGRAM (IEP) CONFERENCE

STUDENT: _____ DATE: _____

Dear Parent/Guardian:

In order to develop an appropriate education program for your child, it is important that school personnel and parents work together as a team. Therefore, we would like to share information about your child's educational progress and involve you in relevant decisions.

The purpose of this meeting is to: Check ALL Appropriate Areas

- 1. Review the results of assessments and determine your child's eligibility or ineligibility for special education and/or related services.
2. Review the results of existing evaluations, current classroom-based assessments, observations and parent input to decide if additional testing is needed to determine your child's continued eligibility for special education and/or related services.
3. Develop/plan your child's Individual Education Program (IEP), if your child is eligible for special education and/or related services.
4. Determine your child's placement in Special Education Program and/or related services, if your child is eligible.
5. Discuss possible changes in your child's Individual Education Program.
6. Review and revise your child's Individualized Education Program.
7. Develop/modify a transition plan for your child in secondary schools (ages 14-21), if your child is eligible.
8. Other:

The conference is scheduled for:

Date: _____ Building: _____
Day: _____ Location: _____
Time: _____ Phone #: _____

If the above date, time or place is not agreeable to you; if you would like to schedule an appointment to review your child's records; or if you have any questions regarding your rights, please contact:

_____ at _____ immediately.
(name) (phone)

In addition to yourself, participants in this conference will be: Check All Attending

- School District Representative
Student
Guidance Counselor
School Psychologist
Consultant-Visually Impaired
Consultant-Hearing Impaired
Vocational Counselor
General Education Teacher/s
Special Education Teacher/s
Speech-Language Pathologist
Physical Therapist
Occupational Therapist
Agencies:
Other:

You may have other individuals attend the meeting with you who have knowledge or special expertise regarding your child. You, also, have the right to invite your child to participate in the meeting. For students in secondary school (ages 14-21), a transition plan will be developed. These students must be invited to attend the meeting as are the agencies listed above. A copy of this notification will be given to the student and sent to all agencies involved. If this date, time, or location is not convenient, please notify the case manager at the number listed below or visit the school to arrange a mutually convenient time and place for the meeting. If you would prefer a telephone conference, please contact the case manager to make such arrangements.

If your child is at least 14 years old, the local school district will begin to help him/her to plan for the future after leaving school. The needs of your child in this area will be addressed at our meeting. Your child is invited to this meeting. Staff from other agencies which may be able to provide appropriate services also will be at our meeting. Their names and the agencies they represent are shown below.

In addition to the people we have invited, at your discretion, you may invite other individuals who have knowledge or special expertise regarding your child. The determination of whether the person has special knowledge or expertise will be made by the party inviting the individual to be a member of the IEP team.

PROCEDURAL SAFEGUARDS TO PROTECT PARENTS RIGHTS

Both state and federal laws concerning the education of children with disabilities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of the rights these laws give you. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights. A copy of your rights is provided with this Notice. You should read them carefully and, if you have any questions regarding your rights, you may contact: _____ at _____

Change of participants with parent agreement noted: _____

Documented attempts to contact parents/guardians/surrogate for meeting:

Table with 4 columns: Contact Date, Name of Staff Person, Person Contacted, Method