Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680) 488-5808
E-mail: spedpw@palaunet.com
Hospital #: A-_____

Parent Notice of Meeting – SE 7A

Date: _____

Dear Parents: _____

Your child, _____ , is or may be eligible to receive special education and related services. We would like to invite you to attend a meeting scheduled for:

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

The purpose of the meeting is to:

- ☐ Discuss and determine your child's eligibility for special education and related services.
- ☐ Develop an initial Individualized Education Program (IEP) for your child (if determined eligible).
- ☐ Review and revise as necessary your child's Individualized Education Program (IEP).
- ☐ Discuss your child's reevaluation and continued eligibility.
- ☐ Discuss and determine postsecondary goals and transition services for your child.
- ☐ Other/s:

The following individuals have been invited to this meeting:

☐ Principal or designee	☐ Counselor	☐ Consulting Resource Teacher (CRT)
☐ General education teacher	☐ Special Education Teacher	☐ Transition agency representative
☐ Your child (if appropriate and if discussing post secondary goals and transition services)	☐ Individual who can interpret instructional implications of evaluation results	☐ Other/s:

NOTE: You may bring someone who has knowledge or expertise regarding your child's needs. If this is the first meeting for the school year, a copy of your parent's rights is attached.

PLEASE SIGN AND RETURN THE ORIGINAL COPY AS SOON AS POSSIBLE

We encourage your attendance at this meeting. If the date/time is not convenient, or if you have any questions, please contact the school at _____ to arrange a more convenient time or to answer your questions.
Phone #

Sincerely,

_____
Principal or Designee/Sped Specialist

☐ Yes, I will attend this meeting.

☐ No, I will not attend this meeting. You may conduct the meeting without me and send me copies of the results.

My signature below also indicates consent for a transition agency representative to participate in the meeting if appropriate.

Parent Signature:	Date:

Original: ☑School/EC Program Copy: ☑SPED Office Copy: ☑Parent