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-96410

Individualized Education Program (IEP) Committee Meeting Notice – SE 7B

Date: 3/13/2019

Dear: Valeria Rengulbai

(Check appropriate position)

☐HS Disability Manager	☑General Education Teacher	☐ Special Education Teacher
☐ Individual interpreting the educational implication of evaluation results	☐ Individual qualified to conduct individual diagnostic examinations of children	☐Related Service Provider
☐Transition Service Agency Representative*	☐ Student	☐Other/s:

You are invited to attend a meeting for the child stated below.

Name of Child:	DOB:	Grade:	School:
Ngesmus Soalablai	07/12/2011	2nd	Koror Elementary School

Purpose of Meeting:

☐ Initial Eligibility or Continued Eligibility	☐Initial IEP
☑ IEP Review Meeting	☐Reevaluation Meeting
☐ IEP Meeting including postsecondary goals and transition services	☐ Other/s:

Date: 3/20/2019 **Time:** 3pm **Location:** Koror Elementary School

Please bring present levels of academic and/or functional performance information to the meeting. If the meeting is an IEP Review meeting, please provide progress on the goals from the previous IEP and recommendations for revised or new goals and services. If you are **unable to attend**, please contact the principal and the assigned CRT at least **two instructional days prior to the scheduled meeting** and submit the required documents.

*Must obtain parental consent prior to inviting individual from an agency responsible for paying for or providing transition services.

Principal/Designee/Sped Specialist:		Date:	

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