## [DISTRICT NAME] PUBLIC SCHOOLS NOTICE OF PLANNING AND PLACEMENT TEAM MEETING

(N	ame of Pa	rent/Guardian or Student)		_
(St	reet Addre	ess)		_
(Ci	ity/Town)	(State)	(Zip Code)	-
De	ear			_
Plea	ase be ac	-	acement Team (PPT) me	eeting will be convened on behalf of: . The meeting is scheduled as follows:
		(Student's Name)	(DOB)	_
D	ate:	Time:	Location:	
The	purpose	of this meeting is to: (check a	ll that apply)	
	<ul> <li>review a referral to special education and consider/plan an evaluation</li> <li>review evaluation results and determine eligibility for special education</li> <li>develop, review or revise the IEP</li> <li>conduct an Annual Review</li> <li>consider transition needs/services - transition planning:</li> <li>1</li></ul>			
<ul> <li>3. Check only ONE item:</li> <li>agency representative(s) listed below invited to attend to assist in transition planning, agency representative(s) not appropriate to be invited to attend to assist in transition planing, written permission not provided to invite agency representative(s) to attend to assist in</li> <li>plan a reevaluation to determine continuing eligibility for special education and related services review reevaluation results to determine continuing eligibility for special education and related se conduct a Manifestation Determination other: (specify)</li> </ul>			attend to assist in transition planning, OR intative(s) to attend to assist in transition planning ducation and related services	
	develop conduct consider 1. 2. 3. Ch 3. Ch plan a re review r conduct	, review or revise the IEP an Annual Review transition needs/services – transition goals and objective following a student's 15 <sup>th</sup> birt eck only ONE item: agency representative(s) listed agency representative(s) not a written permission not provid eevaluation to determine continu eevaluation results to determine a Manifestation Determination	ped/reviewed/revised (required at the annual review ate) assist in transition planning, OR attend to assist in transition planning, OR entative(s) to attend to assist in transition planning ducation and related services	

## 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
NT 1 (70°41	
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. Parents and guardians have the right to have the school paraprofessional assigned to their child, if any, present at the meeting. It is expected that parents will provide reasonable notice to the District if they wish to have their child's paraprofessional attend the meeting. 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

Sincerely,

(Name and Title)

(Telephone No.)

A copy of the <u>Procedural Safeguards in Special Education</u> is enclosed.

A copy of the <u>Procedural Safeguards in Special Education</u> was provided to you previously this school year. If you would like another copy of the Procedural Safeguards please contact

(Name)

A copy of this notice has been sent to the parent(s). (This is required if rights under IDEA have been transferred to the student at age 18. When rights transfer, meeting notices must be sent to the student with a copy to the parents.)

Date: