

North Providence School Department

Special Education Office
2240 Mineral Spring Avenue
North Providence, RI 02911

Notice of Meeting

Date:

Student:
Parent:
School:

DOB: Phone #:
Address: _____
Grade: Teacher:

Dear Parent:

This notice is to inform you that a meeting is being scheduled for the purpose of:

- Referral to evaluation team
- Considering the need for 3-year re-evaluations
- Sharing evaluation results
- IEP Review
- Considering development of an IEP
- Other

Meeting Date: _____ Time: _____ Location: _____

The following Individuals will be invited to this meeting:

- Academic Teacher (s)
- Occupational Therapist
- Special Educator
- Educational Advocate
- Adaptive PE Teacher
- Physical Therapist
- Speech Pathologist / Therapist
- School Psychologist
- Administrator / Chairperson
- School Nurse
- Social Worker
- Guidance Counselor
- Other:

In addition, at your discretion you may bring other individuals to this meeting.

If you have any questions or need to reschedule, please call at
School:

cut here

Please return this section to to confirm your attendance at the above meeting by

Students Name:

Signature of Parent/Guardian: _____

Date: _____

- I will attend the meeting on
- I will need a translator at this meeting.
- I will not be able to attend on this date. I wish to re-schedule. Please call me at: _____
- I would like to attend by phone conference. Please call me at: _____
- I am unable to attend, please hold the meeting in my absence.

Please note: Any person(s) with a disability, needing accommodations or a translator, please contact the person sending this notice at least three days prior to the meeting date.