Ch	hild's Name:		D.O.B.:	School:	
pla	mination to mixing the sei	o participate in the IEP Team meeting ected representatives of adult transition owing person(s) will be invited to attention	onal services listed below Voi	s was home other name /-	Rev. 9/200
on	icially Designated Repre	esentative			
Spe	cial Education Teacher				N.
Reg	ular Education Teacher				
Eva	luation Representative		_		
	cusal Request				
We	are asking permission to	excuse the following person(s) from t	he meeting:(Name and position	on)	deconstruction of the second o
(Nar	me and position)		(Name and position	on)	
	This member's are	a of curriculum or related service is no	t being discussed at the meeting		
	This member's area information, acade	n of curriculum or related service will be mic and functional performance levels	discussed at the meeting. Incluand goal(s), amount of services	ded is the member's input t	o the general student
PLE		PPROPRIATE SPACES AND RE			- Josephan Calada
	Name:				
	Address:				
	City/State:				
	except that a copy	copy of <u>Louisiana's Educational Ri</u> ards available to the parents of a c also shall be given to the parents (1) filing of a complaint; (3) upon requ	and with a disability shall be upon initial referral or paren	mission to the manager and	
	I have received a copy of the evaluation report and documentation of the determination of eligibility.				
	* I give permission	n for you to conduct the reevaluation	on and any additional tests th	at may be needed.	
	I plan to attend the	EIEP Team meeting at the time sch	eduled in the notification lette	er. I plan to bringp	erson(s) with me.
	I am unable to atteme are	nd the IEP Team meeting at the time	e and place indicated in the no	otification letter. The best	day and time for
	I am unable to attend the IEP Team meeting at the time and place indicated, but I would still like to participate by telephone conference. Please call me at () at the date and time specified.				
0	OI DUALINK TOL FLAMS	or you to invite the adult service age ition services.			
0	I give permission for you to excuse the attendance of the IEP participants as noted above.				
	I prefer that all men	mbers of the IEP committee attend	this meeting.		
Parent's Signature			Date		
White: Parent		Yellow: School	Piak: Office		Gold: Other

Gold: Other