

Leland School District
Parent Invitation Response Form

Name of Child: _____

Purpose of Meeting: _____

Date Sent: _____ Date/Time of Scheduled Meeting: _____

Location of Scheduled Meeting: _____

Response—

Please verify your response and return to the person below within two (2) days.

____ I will attend the meeting at the scheduled time.

____ I want to come, but cannot attend the meeting at the scheduled time. Please contact me at the number listed below to make other arrangements. I am available for the following:

Date(s): _____ Time(s): _____

____ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at the number listed below during the scheduled meeting time.

____ I do not wish to participate in the meeting. Please conduct the meeting without me being present, but contact me following the meeting at the number listed below.

Waiver—

Seven (7) day notice requirements (if applicable)

In accordance with State of Mississippi regulations, parents have the right to receive a copy of the assessment reports at least seven (7) days prior to the eligibility determination meeting unless the parent chooses to waive the seven (7) day timeline in writing.

____ I waive the seven (7) day timeline to receive a copy of the evaluation report.

Assistance—

Please check all of the boxes that apply.

- I would like to invite the following people: _____
- I need an interpreter to participate.
- I would like to record the meeting by video or audio recording.

Please sign here and write your phone number:

Parent Signature/Phone Number

Date

Please return this form to:

Name/Title: _____

School: _____ Phone: _____