

Mississippi Department of Education, Office of Special Education

NOTICE OF INVITATION TO COMMITTEE MEETING

Greenville Public School District
430 N. Martin Luther King, Jr. Blvd.
Greenville, MS 38701

Dr. Janice Monroe, Director
662-334-2862 fax 662-334-6598
jmonroe@gville.k12.ms.us

To: Parent, Guardian, or Surrogate Parent

Date:

You are invited to attend a meeting regarding your child, _____
to be held _____. Your participation is very important! This meeting must be held at a
mutually agreed upon time and place. If you are not able to meet at this time or location or if you need transportation or
interpreter services to participate in the meeting, please contact _____ using the contact listed above
to reschedule the meeting at a more convenient time or location or arrange for assistance. You can also indicate your
preferences on the Notice of Invitation to Committee Meeting Reply letter included.

The purpose of this meeting is (check all that apply):

Child Find, Evaluation, and Eligibility Determination

- To determine if your child needs a comprehensive evaluation and to plan the initial evaluation.
To discuss your child's evaluation and to determine if your child is eligible for special education.
To determine if your child needs additional assessment for a reevaluation and to plan the reevaluation.
To discuss your child's reevaluation and to determine if your child continues to be eligible for special education.

Individualized Education Program [IEP]

- To develop an initial or annual IEP for your child.
To review your child's IEP and to revise it, if
necessary.
To develop or revise your child's transition plan.
To determine if your child needs Extended School
Year (ESY) services.

Other

- To determine your child's most appropriate placement.
To discuss disciplinary actions.
To conduct a manifestation determination.
To develop, review, or revise a behavior support plan.
Other: _____

Other people who have been invited to this meeting include:

Agency Representative:

General Education Teacher:

Special Education Teacher:

Other role:

Other role:

Other role:

Other role:

You are an important member of this team! You are welcome to bring anyone with special knowledge or expertise about
your child who can assist you at the meeting, or any information (e.g., medical records, results of outside testing, or work
samples) that would help with making educational decisions for your child. Your child is also welcome to attend if you
wish. You are also able to audio and/or video record this meeting, if you wish; however, you will need to give us a 24-hour
notice so that we may also be able to record the meeting. I have included the following important information for you:

- Notice of Invitation to Committee Meeting Reply.
Procedural Safeguards Notice.
Title/Description of any document(s) included _____

Please respond to this Notice of Invitation to Committee Meeting by completing the Notice of Invitation to Committee
Meeting Reply letter included and returning it to your child's school or program. If you have any additional questions or
concerns, please contact me using the number above.

Sincerely,

Mississippi Department of Education, Office of Special Education

NOTICE OF INVITATION TO COMMITTEE MEETING REPLY

Greenville Public School District
430 N. Martin Luther King, Jr. Blvd.
Greenville, MS 38701

Dr. Janice Monroe, Director
662-334-2862 fax 662-334-6598
jmonroe@gville.k12.ms.us

To:

I have received an invitation to attend a meeting regarding _____
to be held _____.

Attendance (please check all of the boxes that apply):

- I will attend this meeting:
I will NOT attend this meeting.
In person
By phone
Other: _____
I would like to attend the meeting, but this time and/or location is not convenient. I prefer to meet on the following:

Date Time Location

Assistance (please check all of the boxes that apply):

- I need transportation to participate.
I need an interpreter to participate.
I would like to record this meeting:
Audio recording
Video recording
I would like to invite the following people:

Other comments (please share any additional information you wish to share):

Parent's signature: _____ Date: _____