Mississippi Department of Human Services/Division of Youth Services
Parent Notification of Special Education
IEP/Placement/Eligibility Committee Meeting

This notice is sent to parents 7-10 days prior to the meeting date. Every effort should be made to schedule the meeting cooperatively with the student's parent(s). Confirmation of the parent's attendance should be obtained.

Type of Meeting: _____ Initial _____ Review _____
Date of Notice: _____

Dear Parent/Guardian of _____ (Student):
There will be a meeting of the Special education IEP/Placement Committee/Eligibility Team concerning your child on (date) _____ at (time) _____. The purpose of this meeting will be to review all relevant information about your child and to determine an appropriate program and least restrictive educational environment for your child. If your child is eligible for special education services, an Individualized Educational Program (IEP) will be developed. For students with disabilities who are 14 years or older, transition services will be discussed. Placement recommendations for special education and/or related services will be based on the IEP.

The following people have been invited to attend this meeting:

Name	Title
_____	Student _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

We encourage you to participate in this committee meeting. Please let us know if you would like us to reschedule this meeting to a more convenient time that will permit you to attend. **A copy of the Procedural Safeguards is included with this letter.** You may be accompanied to this meeting by a third party if you wish. If you choose to bring a third party, we request three days notice before the meeting. If you would like more information about this meeting or would like the meeting date and/or time changed, please call _____ at _____ (Telephone number).

Sincerely,

_____
(Name, Title)

Please check one and return this form within 5 days:
____I will attend the meeting for _____ (Student name)
____I will participate via teleconference. Please call me at _____ at the scheduled meeting time.
____I will not be attending the meeting and you have my permission to proceed in my absence. I understand that I will receive a copy of the committee recommendations.
Signed: _____ _____
Parent/Guardian, Surrogate Date