

School District Identifying Information

**Meeting Notice
Committee on Special Education (CSE)
or
Subcommittee on Special Education**

Date of Notice: [redacted]

[redacted] Insert parent name and address [redacted]

Dear Parent or Guardian of [redacted] DOB: [redacted] Local ID number: [redacted]

We have scheduled a select CSE or Subcommittee meeting to discuss your child's educational needs. Your participation in this meeting is very important and you are encouraged to attend. As a member of the Committee, you have a right to participate in discussions and decisions about the identification, evaluation and educational placement of your child. The meeting has been scheduled for the following date, time and location:

Date	Time	Location
[redacted]	[redacted]	[redacted]

Purpose of this meeting:
[redacted]

Names and titles of the persons expected to attend the meeting:

Name	Title/Agency
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

If the purpose of this meeting is to consider postsecondary goals and transition services for your child:

- Your child will be invited to the meeting; and
- A representative will be invited from the following agency/agencies likely to be responsible for providing or paying for transition services. Your consent, or the consent of your child if he/she is 18 years of age or older, is required for this invitation.

[redacted]

You have the right to invite other individuals who you determine to have knowledge or special expertise about your child. Please notify us in advance of the names and titles of any individuals you have invited to the meeting.

You have the right to request, in writing at least 72 hours before the meeting, the participation of the school physician member of the CSE.

A parent of a student or former student with a disability is a required member of the CSE unless you notify the district, in writing, that you do not want this individual to attend this meeting.

You and the district may agree, in writing, that a member of the Committee does not need to attend all or a part of the meeting if that member's area of service to your child will not be discussed or changed at the meeting.

If a Committee member's area of service to your child will be discussed or changed at the meeting, you and the district may consent, in writing, to excuse that member from attending all or a part of the meeting. In this situation, you must receive written input by the member regarding the development of the individualized education program (IEP) prior to the meeting and before you consent to the excusal.

For a Subcommittee meeting: If you disagree with any recommendation made by a subcommittee, you may request, in writing, that the subcommittee refer the matter to the CSE. Please note, the participation of the school physician member and parent of a student or former student with a disability does not apply to Subcommittee meetings.

If you have any questions regarding information contained in this meeting notice or if the scheduled date, time or location of the meeting is not convenient and/or if you need assistance understanding the special education process, please contact (name) at (telephone number). If you are unable to attend but wish to participate in this meeting, you and the district may agree to use alternative means of participation, such as a conference telephone call. We look forward to your participation in this important meeting.

Sincerely,