		Meeting No	otice		
Date of Notice:	School:				
Student Information:					
(Name)		(Student ID)		(DOB)	
Dear Parent/Guardian:					
As the parent/guardian of a studen andplacement of your son/daught 300.132and 300.501 of Title 34 of child at thedate, time, and place n	er as specified in State Boa the Code of Federal Regul	rd of Education Rules 6A- ations (34 CFR §300.132;	6.03028 and 6A-6 300.501). You are	.030281, Florida Adn e invited to participate	ninistrative Code and Sections e in a meeting to discuss your
The meeting date has been sched	luled for (date)	at (time)	in/a	at (location)	
The purpose(s) of the meeting is/a	are:				

Note: Beginning at age 14, or younger if determined appropriate by the SP team, the student will be invited to the meeting. Depending on the services provided, a purpose of the meeting may be indentifying the student's transition services needs. Beginning at age 16, or younger if determined appropriate by the SP team, a purpose of the meeting may be consideration of the student's post-secondary goals and transition services.

The following individuals have been/will be invited to attend (X):

Required SP Team Participants		Other Ir	Other Invited SP Team Participants		
	Parent(s):				
	*Student				
	**General Education Teacher				
	ESE Teacher/ ESE Provider				
	Local Educational Agency Representative				
	Interpreter of Instructional Implications of Evaluation Results				
	Private School Representative				
	Other:				

* Required beginning at age 14

** Required for students who are or may be participating in the general education environment

Services Plan (SP)

The school district requests that the SP team member(s) indicated with an "A" above not be required to attend the meeting because their area(s) of curriculum or related service is/are not being modified or discussed in this meeting.

If you agree, please indicate on page 2.

As a parent of a student with a disability, you have specific rights and protections which are described in the Notice of Procedural Safeguards for Parents of Students with Disabilities. A copy of the procedural safeguards is attached or has been provided to you in the following way:

Should you want additional copies or assistance in understanding your rights, please contact either of the sources listed below:

If the meeting date, time, or place is not convenient for you, please contact us to make alternative, mutually agreeable arrangements.

Please respond by returning the second page of this form to your child's school.

Sincerely,

Enclosure: Procedural Safeguards

Parents of eligible students may choose to request a McKay Scholarship to (1) keep their child in the same school; (2) enroll their child in another public school within the same district; (3) enroll their child in another public school in an adjacent district; (4) enroll their child in a participating private school and receive a scholarship. Information is available on the Department of Education's website at -www.floridaschoolchoice.org or telephone at 1-800-447-1636.

Services Plan (SP)

Meetina	Notice

	Meeting No	otice
Date of Notice: Schoo	l:	
Student Information:		
(Name)	(Student ID)	(DOB)
The meeting date has been scheduled for (date)	at (time)	in/at (location)
The purpose(s) of the meeting is/are:		
The following individuals have been/will be invited to atter	nd (X):	
Required SP Team Participants		Other Invited SP Team Participants
Parent(s):		
*Student		
**General Education Teacher		
ESE Teacher/ ESE Provider		
Local Educational Agency Representative	9	
Interpreter of Instructional Implications of	Evaluation Results	
Private School Representative		
Other:		
SP Team Member Participation		
Pursuant to 34 CFR §300.321(e), a member of the SP tea written agreement or consent of the parent.	am may not be required to at	ttend the meeting or may be excused from attending the meeting with the
The school district requests that the following member(s)	not be required to attend the	meeting because their area(s) of curriculum or related services is/are n

being modified or discussed. Please check one, if applicable:

I agree that attendance is not required.

I do not agree that attendance is not required.

The school district requests that the following members be excused from the SP Team meeting; their area(s) of curriculum or related services is/are being modified or discussed in this meeting. Please check one, if applicable:

I consent to this/these excusal(s).

I do not consent to this/these excusal(s).

Outside Agency Representatives

Pursuant to 34 CFR §300.321(b) (3), your consent is required to invite an outside agency representative to the SP team meeting. Please indicate your consent for the individuals/agencies listed below to be invited and participate in this meeting. Please check one, if applicable:

1				
	I consent to invite the re	procontativo(c) to	a attand this SD	toom mooting
l		presentative(s) to		team meeting.

I do not consent to invite the representative(s) to attend this SP team meeting.

Meeting Participation (Please check all that apply)

	I will attend at the scheduled date and time. I plan to bring: Title/Role:
	I will not be able to attend at the scheduled date and time. I would like to reschedule. I am available at the following date and time: Date:
	Time:
	I will not be able to attend and understand the meeting will be held as scheduled. I give my permission for the meeting to take place without me.
	I will not be able to attend, but would like to participate by telephone. Please contact me at the following number:
	I will not be able to attend; please call me for input regarding my child. Please contact me at the following number:
	I need a foreign/sign language interpreter for the following language/mode of communication:
Π	l wish to provide written input regarding my child: (please attach)

I wish to provide written input regarding my child: (please attach)