

NOTICE of CASE CONFERENCE COMMITTEE MEETING
Logansport Area Joint Special Services Cooperative

Name of Student: _____ **Date:** _____

A Case Conference Committee Meeting will be held for the following purpose(s):			
	Initial Case Conference		Re-Evaluation
	IEP Review		Manifestation Determination
X	Move In		Exit

This Case Conference Committee Meeting is to be held on:		Date(s) of Notification:	
Date:		Phone:	
Time:		Mail:	
Location:		Home Visit:	

The Committee will review and discuss your child's:			
X	Psychological Evaluation*	X	Appropriate Educational Program
	Classroom Observation(s)	X	Classroom Recommendations
	Teacher Given Tests and Grades	X	Individualized Education Program
	Other:		

The following persons will be invited to the meeting:	
<u>Title</u>	<u>Name</u>
Case Conference Chairperson	
Building Administrator	
Parent(s)/Legal Guardian*	
Preschool Coordinator	
Special Education Teacher(s)	
General Education Teacher(s)	
School Counselor	
School Psychologist	
Consultant(s): ___Hearing Impaired ___Visually Impaired ___Physically Handicapped	
Speech/Language Pathologist	
Physical Therapist	
Occupational Therapist	
1 st Steps Coordinator	
Transportation Coordinator	
Area IV Head Start Disabilities Manager	

* A copy of *Notice of Procedural Safeguards*, explaining parents'/students' protection under special education law, and the *Psychological Evaluation* will be provided at this meeting.

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Student's Name: _____

Student's School: Preschool _____

Please check the appropriate response(s) below which reflects your wishes and then sign. Once you have done this, please promptly **return this page only to the school.**

You may bring additional persons of your choosing to this meeting or request the participation of other individuals.

Please indicate below the name(s) of any others that you would like to attend the Case Conference Committee Meeting.

(Name) (Title)

(Name) (Title)

If you are in need of an interpreter, please indicate what kind. _____

___ Yes, I will attend the Case Conference Committee Meeting at the indicated time and place.

___ I cannot attend the meeting at the time scheduled and need to be called to arrange another time. I can be reached at _____
(phone number)
A more convenient date and time for me would be _____

___ I will not be able to attend the Case Conference Committee Meeting, and would prefer that you proceed without me.

___ I would like my child to attend the meeting.

___ I **do not** want my child to attend the meeting.

(Parent's Signature) (Date)