

Date: _____

First Notice

Second Notice

Third Notice

(District Name)

NOTICE OF ADMISSIONS AND RELEASE COMMITTEE MEETING

Dear _____,

I am inviting you to attend a conference to discuss the educational needs of:

Student's Full Name

Date of Birth

PURPOSE FOR CONFERENCE (Check all which apply):

- To discuss a referral for an individual evaluation
- To discuss results of an individual evaluation and develop an IEP if eligible
- To develop, review, and/or revise the student's IEP and make placement decisions
- To discuss post-secondary transition needs and/or services
- To determine reevaluation needs To discuss disciplinary action
- At your request to discuss: _____
- Other: _____

This conference has been scheduled for:

Date: _____ **Time:** _____ **Location:** _____
Address (Optional): _____

Other persons who have been invited to attend this meeting include:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chairperson (or District Representative) | <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> Educational Diagnostician | <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Other (Specify): _____ | |

Agencies that have been invited to send a representative to discuss Transition needs and/or services (Required, if appropriate, by the child's 16th birthday and thereafter)

- Vocational Rehabilitation Other (Specify): _____ Not Appropriate at this time

You are welcome to bring any information, including formal or informal test results, work samples, etc. to the meeting. You may bring someone who has knowledge or special expertise regarding the student or someone to assist you at the meeting if you would like.

If you need us to schedule the conference at a different time, date, or location or if you require an interpreter please:

- call the District Representative listed below at the telephone number provided, or
- complete the bottom of this form and return it to the District Representative.

Sincerely,

Name of District Representative

Telephone Number

Call or complete and return to the student's school.

Name of Student: _____

- I will be attending this meeting I will NOT be attending this meeting

- I would like this meeting rescheduled – Suggested Date, Time and Location:

Date: _____ Time: _____ Location: _____

- I need to participate through alternate means: Phone Conference – Phone No.: _____

Other _____

- I need an interpreter to attend the ARC Meeting Type of Interpreter: _____

Parent Signature: _____ Date: _____