

**PARENT INVITATION TO ELIGIBILITY DETERMINATION
CONFERENCE**

Jackson County School District

DATE: _____ MAILED SENT GIVEN

Dear Parent:

The evaluation of your child, _____, has been completed by the Multidisciplinary Team. Designated qualified professionals serving on the team will conduct a meeting to conclude the assessment information and to determine whether the data indicates your child has a disability and is in need of special education services. Your input is needed in making these decisions. You are invited to attend this meeting which has been set for:

TIME: _____ DAY/DATE: _____

LOCATION: _____

The qualified professionals from the school or district that will be in attendance include:

- | | |
|---|--|
| <input type="checkbox"/> Psychometrist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Speech/Language Pathologist | <input type="checkbox"/> Regular Education Teacher |
| <input type="checkbox"/> District Special Education Personnel | <input type="checkbox"/> School Administrator |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Your attendance and participation is encouraged as it is critical to have your input. Please plan to attend this meeting to assist in making these decisions. You may bring any individuals you believe would be of help to you due to their knowledge or expertise regarding your child.

Please complete the attached Response Form and return it to me within the noted timeframe. If you have any questions or need additional information, you may contact me at _____.
(Telephone No.)

Name/Title

School