(Please copy and paste onto your school's letterhead.) Red Meeting Example #2

REVIEW OF E	EXISTING DATA MEETING NOTICE		
DATE:			
RE: I	DEA Evaluation–		
FROM:			
то:	The Parents of (STUDENT NAME HERE):	
The following i	individuals have been invited to partici	pate in this meeting:	
Name	Role	<u>Name</u>	Role
	Administrator		Counselor
	Special Education Teacher		School Psychological Examiner
	Regular Education Teacher		Regular Education Teacher
	Regular Education Teacher		Regular Education Teacher
	Compass Health Counselor		School Nurse
			Educational Support Counselor
This is to inform	you that you are invited to attend a Revi e	ew of Existing Data Mee	ting that has been:
Scheduled Re-scheduled		Cancelled	
	(School NAME I	here) Conference Room	
	Date: (DAY, DATE, TIME here)	
The purpose of eligibility is need		and information to determ	nine whether further testing for special education

YOUR NAME HERE, Counselor (PHONE NUMBER HERE) (email address here)