

WEST SHORE SCHOOL DISTRICT



INVITATION TO PARTICIPATE IN THE GIFTED TEAM MEETING

Child's Name: _____

INVITATION TO PARTICIPATE IN A GIFTED TEAM MEETING

***** Gifted Student

Date: _____

Name and Address of Parent

Student's Name: _____

For District Use Only:

Date of Receipt of
Invitation to Participate in
the Gifted Team Meeting

Dear

We are sending you this notice so that you can attend a gifted team meeting.

The purpose of this meeting is to:

- ☐ Discuss the results and recommendations of the Gifted Multidisciplinary Evaluation or Re-Evaluation which was performed by the Gifted Multidisciplinary Team (GMDT), and review the Gifted Written report (GWR).
- ☐ Discuss your child's current Gifted Individualized Education Plan (GIEP) to review and/or revise it as needed
- ☐ Other

The team meeting has been tentatively scheduled for this location _____
at the following date and time _____. If this time, date or
location is not convenient, please contact me as soon as possible so we can arrange a time and
place that will offer you the opportunity to be present at this meeting.

Name and Title

Phone Number

Date

E-mail Address

WEST SHORE SCHOOL DISTRICT



INVITATION TO PARTICIPATE IN THE GIFTED TEAM MEETING

Child's Name: _____

The following people are expected to attend the meeting for your child:

Name	Role or Position

Parents are strongly encouraged to participate as members of their child's team. If you would like additional personnel from the school district to attend this team meeting, or if you have any questions or comments, please contact me. Furthermore, please be advised that you may bring other persons to the meeting who have knowledge or special expertise regarding your child.

We are requesting that you respond to this notice by checking the appropriate option below, and returning this form to the school district (by mail or in person) as soon as possible.

____ I will attend the team meeting as scheduled.

____ I will need the following accommodations so that I may attend the team meeting:

____ I will not attend the team meeting.

____ I wish to attend the team meeting, but this time and/or location is not convenient. I will contact you to make alternative arrangements.

Parent Signature

Date

Phone Number

E-mail Address

____ I have received a copy of the Notice of Parental Rights for Gifted Students.
(Please initial)

____ I waive the right for the ten-day notification to attend the GIEP Meeting,
(Please initial)

*The enclosed Notice of Parental Rights for Gifted Students provides information on the options listed above.