

**ORANGE TOWNSHIP PUBLIC SCHOOLS  
DEPARTMENT OF SPECIAL SERVICES**

**451 Lincoln Avenue   Orange, New Jersey 07050   ( 973)-677-4027   fax (973)-677-4035**

Barbara L. Clark, Director

Thomas N. Kennedy, Supervisor

<b>REQUEST FOR PARENTAL PARTICIPATION IN A MEETING SPEECH/LANGUAGE SERVICES</b>
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Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Dear:

You are invited to attend a meeting regarding your child. The purpose of the meeting is to discuss:

- ☐ 1. Referral for speech/language evaluation and if referred, evaluation planning;
- ☐ 2. Determination of eligibility for speech/language services;
- ☐ 3. Development of an individualized education program (IEP);
- ☐ 4. Review/revision of the IEP;
- ☐ 5. Re-evaluation of your child; or
- ☐ 6. Other: \_\_\_\_\_

Your participation in planning for the educational needs of your child is important. The meeting is scheduled for:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

\_\_\_\_\_

The following individuals will be attending the meeting:

**Position/(Name optional)**

- ☐ Speech/Language Specialist
- ☐ General Education Teacher
- ☐ Other \_\_\_\_\_

If this is not a convenient time or place, or should you have any questions, please contact me by \_\_\_\_\_ at \_\_\_\_\_ to discuss rescheduling the meeting or to discuss your questions.

If you cannot attend the meeting in person but wish to participate, other arrangements can be made to include you (for example, by a telephone conference).

You may invite another person(s) who is/are knowledgeable about your child to accompany you to the meeting. You may also bring your child to the meeting if you believe it is appropriate.

***Please note:*** If the purpose of this meeting is to determine your child's eligibility for special education and related services, and your child is determined eligible, it is permissible to continue with the development of an IEP. We may immediately proceed to develop an IEP with your agreement.

However, you have the right to review the information presented at the eligibility meeting and to request a second meeting to develop your child's IEP.

A copy of *Parental Rights in Special Education*, New Jersey's Procedural Safeguards, is attached to this invitation. This information is provided to ensure that you are aware of the rights afforded to parents of students with disabilities.

If you have any questions, please contact me at 973-429-8305.

Sincerely,

Case Manager

Enclosure:

PRISE

Evaluation Reports:

- Speech
- Other \_\_\_\_\_

CC: File

**Please call \_\_\_\_\_ or return this portion of the notice to the case manger**

**by \_\_\_\_\_.**

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Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Date of Conference: \_\_\_\_\_

Indicate how you will participate:

☐ In person

☐ By telephone

☐ Other:

Please provide the names of anyone you will invite to the meeting.

\_\_\_\_\_.

Will you or your guest require any special accommodations? Circle one: Yes / No

Describe: \_\_\_\_\_