$Student's \ Name: \underline{Chase \ Williams}$

Sunflower High School NOTIFICATION OF MEETING

To: Patrick & Lisa Williams				
Parent(s)/Guardian(s) ☐ Adult Student (age 18+ or emancipated minor)				
		•	•	
Student (required when pos	tsecondary transition is a	a purpose of the meeting)	
		1 1 1 6 37 1 21		
This is to confirm that a meeting	g with you has been sch	eduled for November 21		
at 10:00am at Sunflower High School, Conference Room				
(Time) (Location)				
The purpose of this meeting is to: (check all that apply)				
The purpose of this meeting is to	: (cneck all that apply)			
☐ Review existing data as part of an ☐ Consider Post-secondary Transition				
initial evaluation or reevaluation Conduct Manifestation Determination				
Determine initial or continued eligibility Consider/conduct Functional Behavioral				
☐ Develop initial IEP ☐ Review/Revise IEP		sessment		
Keview/Revise IEP		ner:		
The following individuals have h	een invited to participate	in this meeting (name ar	nd/or role):	
The following individuals have been invited to participate in this meeting (name and/or role):				
Role		Name		
Local Education Agency (LEA) R	epresentative*	Michelle Cook		
Special Education Teacher*		Pat Gentry		
Individual to interpret instruct	tional implications*	Lewis Barnes		
of evaluation results		Charact Carth		
☐ General Education Teacher* ☐ Student		Cheryl Smith Chase Williams		
Student Agency representative(s) for p	nost secondary transition	Chase williams		
Agency Name: Vocationa		Doris Harring		
Agency Name: Vo-Tech		Gary Knowles		
Part C Representative (if appl		<u> </u>		
Parent(s)	,	Patrick & Lisa Williams		
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LJ				
* Required participant unless pare	ent and LEA agree/consent	in writing to excusal		
* Required participant, unless parent and LEA agree/consent in writing to excusal				
This agency AND the moments have the might to invite any other neutralinents they feel have Imperial decom-				
This agency <i>AND</i> the parents have the right to invite any other participants they feel have knowledge or special expertise of the child. The determination of knowledge or special expertise shall be made by the				
party (parent or public agency) who invited the individual to be a participant at the meeting.				
**At the request of the parent, the public agency must send an invitation to the Part C Service Coordinator				
or other representative at the initial IEP meeting.				
If you are unable to attend this meeting, please contact me at $\underline{463-232-8794}$ as soon as possible.				
Sincerely,		(Phone)		
Sincercity,				
Pat Gentry	Special Education Teach	<u>er</u>	11/01/	
Name		Title	Date	

RECORD OF DISTRICT ATTEMPTS TO SCHEDULE MEETING

☐ 1 st Attempt				
Date of contact: 11/01/		Date of contact: 11/08/ Parent waived notification requirement*		
☐ Parent waived notification requirement* Method of contact:		Method of contact: (must be a direct contact)		
		☐ Written: ☐ Regular mail		
Written:	Hand carried by student Regular mail Certified mail Fax E-mail Other:	⊠ Verbal:	☐ Certified mail ☐ Phone ☐ Face to face contact	
☐ Verbal:	Phone Voice mail/answering machine Face to face contact Other:	PARENT/GUARDIAN	J RESPONSE	
PARENT/GUARDIAN RESPONSE				
☐ Do not want to attend (proceed with IEP meeting) ☐ Cannot attend, please reschedule (proceed with 2 nd attempt) ☐ No response (proceed with 2 nd attempt) ☐ **Yes, I'll be there		☐ Do not want to attend (proceed with meeting) ☐ Cannot attend (proceed with meeting) ☐ No response (proceed with meeting) ☐ **Yes, I'll be there		
* In general, reasonable notification is 10 days. **If parent does not attend meeting, proceed to 2 nd attempt			e notification is 10 days end, agency may proceed with	