SAMPLE NOTICE INVITATION TO AN IDENTIFICATION MEETING

Date:			
Name Address City, NJ 00000			
Dear (parent's name	or name of adult stu	<u>dent)</u> :	
meeting is to determine for special education	ine whether an evalua n and related services	ation will be conduct. If it is determined]. The purpose of this ted to determine if your child is eligible that an evaluation will be conducted, of the assessments to be conducted.
	planning for [<i>your edu</i> ting is scheduled for:	ıcational needs] <u>or</u>	[the educational needs of your child] is
Date:	Time:	Location:	
name of other person questions.		e) to discuss resche ing in the meeting:	any questions, please contact me (<u>or</u> eduling the meeting or to discuss your
School social General educa	oilities teacher-consul [.] worker	tantC	Case manager Other:
If you have any ques	stions, please contact	t me at <u>(phone)</u> .	
Sincerely,			
(Name) (Position)			
Attachment: PRISE			