Meeting Notice Committee on Special Education (CSE)

Date:

Dear Parent(s) o	r Guardian of	
Student's	DOB: Local	ID Number:
We have scheduled a meeting of the to discuss your child's educational needs. Your participation in this meeting is very important and you are encouraged to attend. As a member of the Committee, you have a right to participate in discussions and decisions about the identification, evaluation and educational placement of your child. The meeting has been scheduled for the following date, time and location:		
Date	Time	Location
Purpose of this meeting:		
Names and titles of the persons who will attend the meeting:		
	Name	Title
child will be invi agency/agencies	ted to the meeting. likely to be respons	services will be considered at this meeting, your In addition, a representative from the following ible for providing or paying for transition services e consent of your child if he/she is 18 years of age
child will be invi agency/agencies will be invited wit	ted to the meeting. likely to be respons	services will be considered at this meeting, your In addition, a representative from the following ible for providing or paying for transition services

You have the right to invite other individuals who you determine to have knowledge or special expertise about your child. Please notify us in advance of the names and titles of any individuals you have invited to the meeting, to include attorneys or advocates.

For a CSE meeting: You have the right to request that the additional parent member of the CSE (who is a parent of a student with a disability residing in the district or a neighboring district) attend the meeting. This request must be made in writing at least 72 hours (three days) before the meeting. The role of the additional parent member is to bring another perspective as a parent of a child with a disability to the discussions and decision-making process. This individual can also help you to understand and participate in the meeting by explaining procedures, asking questions and clarifying information.

You may also request that the school district include the participation of the school physician in the CSE meeting. This request must also be made in writing at least 72 hours (three days) before the meeting.

For a Subcommittee meeting: A Subcommittee of the CSE includes the same members as a CSE, except that the additional parent member, the school physician and the school psychologist (except under certain circumstances), are not members of a Subcommittee. If you disagree with any recommendation made by a Subcommittee, you may request, in writing, that the Subcommittee refer the matter to the CSE.

If you have any questions regarding information contained in this meeting notice or if the scheduled date, time or location of the meeting is not convenient and/or if you need assistance understanding the special education process, please contact (name) at (telephone number). If you are unable to attend but wish to participate in this meeting, please contact us to discuss alternative means of participation, such as a conference telephone call. We look forward to your participation in this important meeting.

Sincerely,