



## Invitation to Participate in a Gifted Team Meeting

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**For District Use Only** - Date of receipt of *Invitation to Participate in a Gifted Team Meeting*: \_\_\_\_\_

Student Name:

Name and Address of Parent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, and review the Gifted Written Report.

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 \_\_\_\_\_ at \_\_\_\_\_.  
(Date) (Time)

The meeting will be held at \_\_\_\_\_.  
(Address)

If this time, date or location is not convenient for you please contact me as soon as possible so we can arrange a meeting time and location that will offer you the opportunity to be present.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

The following individuals 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 meetings 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 be attending 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 other arrangements.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
(Initial) I have received a copy of the Notice of Parental Rights for Gifted Students.

\_\_\_\_\_ I waive the right for the 10-day notification to attend the gifted team meeting.  
(Initial)

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