**Parent Notification of Completed**

**Initial or Reevaluation Case Conference**

Date:

Enter Parent/Guardian Name

Enter Address

Enter City, IN Enter Zip code

RE: Enter student last, first name– Enter ID

Dear Parent/Guardian,

Included in this letter is the case conference report developed for your student, at the case conference committee meeting held at on Enter date.

The purpose of the meeting was to review test results and to determine your student’s eligibility for special education services. I am sorry you were unable to attend any of the times that had been scheduled with you.

[ ]  The results of testing indicated that your student is **eligible** for special education services. The individualized education plan (IEP) includes information on test results and establishes special education services and goals to address needs for your student. In order for the special education services to be provided, your written permission is needed. If you agree to the services, please sign and date the attached consent form and return it in the enclosed self addressed envelope.

[ ]  Using the results of the testing, the case conference committee determined that your student is **not** **eligible** for special education services. However, other recommendations were made and are included in the report. If you have any questions or concerns about the information provided, please either contact the school psychologist, Enter name at Phone #, or you may contact me at (574)262-5542.

Thank you for your attention to this matter.

Sincerely,

Tina Northern

Tina Northern

Director, Special Education

Department of Student Services