

**Manifestation Conference Parent Notification Form**

Date:

Name: School:

Birth date: Grade:

Parent/Guardian(s): ID#:

Address:

Phone (home, cell, work):

Conference date: Conference time:

Dear Parent/Guardian:

A manifestation determination conference was held on the above date to discuss the behavior of your student that led to the recommendation for expulsion, and to discuss whether this behavior was directly and substantially related to his/her disability. At this time the individualized education plan (IEP) was also reviewed and, if needed, revised.

Several attempts were made to schedule this conference with you but you were not in attendance.

If you have any questions or concerns about the new IEP, please contact Julie Paulen or Karen Erlacher by calling (574)262-5540, or contact your student’s special education teacher of service (TOS):

(TOS name) (Phone #)

If you do not contact us within (10) ten days from the date of this letter, we will assume that you are in agreement with the IEP developed and the program will proceed as written.

Thank you for your attention to this matter.

Sincerely,

Tina Northern

Tina Northern

Director, Special Education

Department of Student Services