

Invitation to Participate in a Gifted Team Meeting

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 |
|------|------------------|
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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.

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

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

参加资优团队会议的邀请函

仅供学区使用 - 收到参加资优团队会议邀请的日期: _____

学生姓名:

家长姓名和地址:

致 _____,

我们向您发送此通知, 以便您可以参加资优团队会议。

本次会议的目的是:

讨论资优多学科评估或重新评估的结果和建议, 该评估由资优多学科团队进行, 并审阅资优书面报告。

讨论您孩子当前的资优个性化教育计划 (GIEP), 以根据需要进行审查和/或修订。

其他:

团队会议已暂定在 _____ 的 _____ 召开。

(Date)

(Time)

会议将在 _____ 举行。

(Address)

如果这个时间, 日期或地点对您来说不方便, 请尽快与我联系, 以便我们安排会面时间和地点, 为您提供出席的机会。

姓名和职称

日期

电话号码

电子邮件地址

以下人员预计将参加与您的孩子相关会议：

| 名字 | 所担任角色或职位 |
|----|----------|
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我们强烈鼓励家长作为孩子团队的成员参加。如果您希望学区的其他人员参加此团队会议，或者您有任何问题或意见，请与我联系。此外，请注意，您可以带其他了解您的孩子或对您孩子某方面有认识的人参加会议。

我们要求您通过勾选下面的相应选项来回复此通知，并尽快将此表格（通过邮件或亲自）返回学区。

我将如期参加团队会议。

我需要以下通融条件以便我可以参加团队会议：

我不会参加团队会议。

我想参加团队会议，但这次和/或地点不方便。我会与您联系以做出其他安排。

家长/监护人签名

日期

电话号码

电子邮件地址

_____ 我收到了《资优学生家长权利通知书》的副本。

(首字母缩写)

_____ 我放弃了参加资优团队会议 10 天通知的有关权利。

(首字母缩写)

*随附的资优学生家长权利通知提供了有关上述选项的信息。