

# 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.

\_\_\_\_\_  
(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.

# Mwaliko wa Kushiriki katika Mkutano wa Timu ya Wenye Vipawa

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**Kwa Matumizi ya Wilaya Pekee - Tarehe ya kupokea kwa Mwaliko wa Kushiriki katika Mkutano wa Timu wa Wenye Vipawa:** \_\_\_\_\_

Jina la Mwanafunzi:

Jina na Anwani ya Mzazi:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mpendwa \_\_\_\_\_,

Tunakutumia taarifa hii ili uweze kuhudhuria mkutano wa timu ya wenye vipawa.

Lengo la mkutano huu ni:

- Jadili matokeo na mapendekezo ya Tathmini ya Nidhamu Mbalimbali ya Wenye Vipawa au Tathmini Upya ambayo ilifanywa na Timu ya Wenye Vipawa ya Taaluma Mbalimbali, na kupitia Ripoti Iliyoandikwa ya Wenye Vipawa.
- Jadili Mpango wa sasa wa mtoto wako wa Elimu Iliyobinafsishwa ya Wenye Vipawa (GIEP) ili kuupitia na/au kuurekebisha inapohitajika.

Nyingine:

Mkutano wa timu umepangwa kwa saa \_\_\_\_\_ katika \_\_\_\_\_.

(Tarehe)

(Saa)

Mkutano huo utafanyika katika

\_\_\_\_\_.

(Anwani)

Ikiwa saa, tarehe au eneo hili halikufai tafadhali wasiliana nami kwa haraka iwezekanavyo ili tuweze kupanga saa na eneo la mkutano ambalo litakupa fursa ya kuhudhuria.

\_\_\_\_\_

Jina na Cheo

\_\_\_\_\_

Tarehe

\_\_\_\_\_

Nambari ya Simu

\_\_\_\_\_

Anwani ya Barua pepe

Watu wafuatao wanatarajiwa kuhudhuria mkutano huo kwa ajili ya mtoto wako:

Jina	Wajibu au Cheo

Wazazi wanahimizwa sana kushiriki kama wanachama wa timu ya mtoto wao. Ikiwa ungependa wafanyakazi wa ziada kutoka wilaya ya shule kuhudhuria mkutano huu wa timu, au ikiwa una maswali au maoni yoyote, tafadhali wasiliana nami. Zaidi ya hayo, tafadhali kumbuka kwamba unaweza kuleta watu wengine kwenye mikutano ambao wana ujuzi au utaalamu maalum kuhusu mtoto wako.

Tunakuomba ujibu taarifa hii kwa kutia alama kwenye chaguo lifaalo hapa chini, na kurejesha fomu hii kwa wilaya ya shule (kutuma barua au ana kwa ana) kwa haraka iwezekanavyo.

- Nitahudhuria mkutano wa timu kama ilivyoratibiwa.
- Nitahitaji marekebisho yafuatayo ili niweze kuhudhuria mkutano wa timu:
- Sitahudhuria mkutano wa timu.
- Ningependa kuhudhuria mkutano wa timu, lakini wakati huu na/au eneo halinifai. Nitawasiliana nawe ili kufanya mipango mingine.

\_\_\_\_\_

Saini ya Mzazi/Mlezi

\_\_\_\_\_

Tarehe

\_\_\_\_\_

Nambari ya Simu

\_\_\_\_\_

Anwani ya Barua pepe

\_\_\_\_\_ Nimepokea nakala ya Tarifa ya Haki ya Wazazi wa Wanafunzi Wenye Vipawa.  
(Herufi za Mwanzo za Majina)

\_\_\_\_\_ Ninatoa haki kwa taarifa ya siku 10 ya kuhudhuria mkutano wa timu ya wenye  
vipawa.  
(Herufi za Mwanzo za Majina)

\* Taarifa iliyoambatanishwa ya *Haki za Wazazi wa Wanafunzi Wenye Vipawa* hutoa maelezo kuhusu chaguo zilizoorodheshwa hapa juu.