

MANCHESTER PUBLIC SCHOOLS

PARENT NOTICE OF REFERRAL TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION AND RELATED SERVICES

Date: _____

(Name of Parent/Guardian or Student)

(Street Address)

(City/Town) (State) (Zip Code)

Dear _____

The purpose of this letter is to advise you that your child, _____, _____
(Student's Name) (DOB)

has been referred for consideration of eligibility for special education services. The referral was made by:

_____, on _____
(Name of person or team making referral) (Date)

The next step in the referral process is to schedule a Planning and Placement Team meeting (PPT). At this meeting the available information regarding your child's current school performance will be reviewed and evaluation procedures for determining eligibility for special education services will be considered. Parent participation in this process is very important. We ask that you make every effort to attend this meeting.

Enclosed with this letter are the following materials:

A copy of the referral which outlines specific concerns and the information used as the basis for this referral, including alternative strategies employed prior to the referral.

A copy of Procedural Safeguards in Special Education. If you would like a further explanation of these procedures please contact:
Sarah Burke, Interim Director for Pupil Personnel Services, at (860)647-3452 ,

A Planning and Placement Team meeting notice. (If a notice is not included with this letter you will receive one in a separate mailing.)

Other: (specify) _____

Please be advised that you have the right to review and obtain copies of all records used as a basis for this referral.

If you have any questions, please contact, _____
(Name) (Title)

at _____

Sincerely,

(Name and Title)