

**NOTICE OF CASE STUDY COMMITTEE MEETING  
INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**

**Privacy Act Notice:** Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Date \_\_\_\_\_

Dear \_\_\_\_\_,

The Case Study Committee (CSC) invites you to attend and participate in a meeting concerning your child, \_\_\_\_\_. The reason for this meeting is to

The meeting is scheduled for \_\_\_\_\_, at \_\_\_\_\_, in \_\_\_\_\_.  
date time location

For your information, the following people will be in attendance at the meeting.

Attached to this invitation to the meeting is a copy of the goals and objectives proposed for your child. These goals and objectives are a draft copy only and not the final IEP. We would appreciate you reviewing these proposed goals and objectives before the meeting. The goals and objectives will be discussed with you at the meeting and modified as appropriate. We encourage your participation in developing your child's educational program.

Your participation is very important to help us plan appropriately for your child. If you wish, your child and/or any other individual may attend the meeting with you. If this date is not convenient for you, please telephone the number listed below or visit the school to arrange a mutually convenient time and place for the meeting. Thank you for your cooperation and for returning this form.

\_\_\_\_\_  
Case Manager/Contact Person

\_\_\_\_\_  
Telephone Number

PLEASE CHECK ONE OF THE CHOICES BELOW AND RETURN ONE COPY OF THIS FORM TO THE SCHOOL. RETAIN ONE COPY FOR YOUR RECORDS.

- I will attend this meeting about my child.
- I am unable to attend this meeting about my child. Please contact me to reschedule the meeting.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date