## Alachua County Public Schools Exceptional Student Education Invitation to the Educational Planning Conference (Gifted)

To the Parent(s) or Guardian(s) of:		Date:
	Student No.:	
Address:		
	ouraged to participate in an Educational as specified in the State Bo	Planning Conference regarding your pard of Education Rule 6A-6.0331, FAC.
An individual meeting has been sched	uled at	(place)
On	( <u>date)</u> at	(time) for the following:
(Check all that apply)		
	the educational plan for your child.	
	propriate educational program for your	child.
	the educational plan for your child.	
The following people are invited to pa General Education Teacher(s) Speech-Language Pathologist School Administrator	articipate in this meeting (Please check):  Teacher(s) of the Gifted School Counselors	☐ ESE District Staff ☐ School Psychologist
For further information call		at Phone Number
	Name of School Official	Phone Number
	ntified as gifted you have protections un ards for Exceptional Students Who are read carefully.	
3. I do not plan to attend the mas a parent you have the right to bring	ove date and time.  al conference at another time. Date:  neeting. Please send me a copy of the Edg someone with special knowledge and one	expertise about your child to the meeting.
To assist in developing your son's/dau	ighter's educational plan, please comple	ete the survey below.
Describe your son's/daughter's areas of strength.		
Identify areas/objectives this year's Educational Plan should include		
List other information you wish to share about your son/daughter		
Home Phone	Work Phone	Signature of Parent/Guardian
Please return this form to:	at	
		School
		ethod
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Form No.: ESE-2324-016 – Invitation to Educa	ational Planning conference-Gifted / ESE / Gifted	Referrals Distribution: District

New Date: 10/24/23

\_\_ School \_\_ Parent