

Detroit Public Schools  
**PARENT/GUARDIAN NOTIFICATION OF  
 INTERVENTION ASSISTANCE CONFERENCE**

Date: \_\_\_\_\_  
 RE: \_\_\_\_\_  
 B.D. \_\_\_\_\_

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

In order to discuss the educational needs of your child, you are invited to attend a conference with members of the Resource Coordinating Team (RCT) at \_\_\_\_\_ scheduled for \_\_\_\_\_ School  
 \_\_\_\_\_  
 Date and Time

The purpose of this meeting is to: (Check all that apply or may apply.)

- Review the problem areas in which your child is having difficulty, and make any necessary modifications to his/her educational program to provide early assistance.
- Review your child's eligibility and needs for Section 504 educational accommodations.
- Conduct and Evaluation Review to determine your child's needs for special education and related services (IDEA).
- Other \_\_\_\_\_

The individuals who are being invited to attend this meeting are listed below:

NAME/TITLE	NAME/TITLE

We highly encourage you to participate in this meeting. You have the right to bring other individuals at your discretion. If you plan to bring other individuals, you are urged to notify me before the meeting so that arrangements can be made to accommodate all participants. Please let me know if you require an interpreter or translator. If you are unable to attend at the proposed time, but would be able to participate if the conference were rescheduled, please contact me so this can be mutually arranged.

Please review your rights included with this letter. If you have any questions, require and interpreter or translator, or would be able to participate if the conference were re-arranged, please contact me by \_\_\_\_\_(date).

\_\_\_\_\_  
 School

\_\_\_\_\_  
 Phone

Sincerely,

\_\_\_\_\_  
 Name/Title (Principal or designee)

Detroit Public Schools  
**Resource Coordinating Team**  
**PARENT/GUARDIAN NOTIFICATION OF INTERVENTION ASSISTANCE  
CONFERENCE RECOMMENDATIONS**

Date: \_\_\_\_\_  
RE: \_\_\_\_\_  
B.D. \_\_\_\_\_

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

The purpose of this letter is to provide you with notification of the educational recommendations developed for your child at the conference held on \_\_\_\_\_ at \_\_\_\_\_  
Date School  
with members of the Resource Coordinating Team (RCT).

At this conference, it was determined that your child: (Check all that apply to conference recommendations.)

- Will have an Intervention Assistance Action Plan (IAP) developed and implemented for a specified period of time to provide assistance to address his/her educational needs.
- Should be evaluated to determine eligibility and needs for **Section 504** educational accommodations. \*
- An **Evaluation Review** was conducted and it was determined that your child should be evaluated to determine eligibility and need for special education and related services (IDEA). \*
- Other \_\_\_\_\_

*\* Evaluations cannot be conducted without prior written parental consent.*

If you have any questions, or wish to discuss any concerns regarding your rights or these recommendations, please contact \_\_\_\_\_  
Name/Phone

Sincerely,

\_\_\_\_\_  
Name/Title (Principal/Designee)