Telephone: 906-863-5665



Fax: 906-863-7776

1201- 41st Avenue Menominee MI 49858 Http://mc-isd.org

INVITATION TO ATTEND REVIEW OF EXISITING EVALUATION DATA (REED) MEETING

Dear:		:	Date:
Parent/Gu	ardian/Surrogate/Student		
A REED meetin	ng has been schedul	ed for your child.	
This meeting is	scheduled for:		
	at		nt
Date	Time		Place
If this time and/	or place is not accer	otable to you, please	e contact me as soon as possible by calling
you feel have kr		expertise regarding	ice to attend this meeting including individuals who gyour child. The school district has asked the
Participants			Name and Position
A representative	e of the public agend	cy/adm. or designee	
Student			
The child's teac	her(s)		
Member(s) of th	ne multidisciplinary e	valuation team	
Others			
Signature of Follow-u	up-contact Person	Date	Name/Title
Parental receipt	t of notice:		
Parent Signature		 Date	