

Date _____

BIENVILLE PARISH

AGENCY NOTIFICATION OF IEP MEETING

- ____ To: Ungreeka Reese, Bienville Parish Transition Coordinator.....FAX# 263-3456
- ____ To: Peggy Barnes, Counselor, Louisiana Rehabilitation Services.....FAX# 676-7176
- ____ To: Maria Alvarez, Public Affairs Specialist, Social Security Administration.....FAX# 504-527-5310
- ____ To: Robin Harris, Office for Citizens with Developmental Disabilities (OCDD).....FAX# 741-7445
- ____ To: Lincoln Department of Children and Family Services.....FAX# 251-5056
- ____ To: Kim Springfield, Bienville Parish Health Unit.....FAX# 263-2009
- ____ To: Ester Drakes (K-8th), Comeaka King (9th-12th) Families Helping Families.....FAX# 221-0301
- ____ To: Scott Price, Northwest Technical School – Minden Campus.....FAX# 371-3326
- ____ To: Office of Disability Services, LSU Shreveport.....FAX# 771-5652
- ____ To: Stacy Lolley, Office of Disability Services, Louisiana Tech University.....FAX# 257-2969

A representative of your agency is invited to attend a meeting to discuss an Individualized Educational Plan being developed for the following student:

Name _____

Age _____ Grade _____

School _____

Date _____

Time _____

During this meeting the transition needs of the student will be discussed. It is anticipated the student may be eligible for services from your agency. If a representative is not able to attend this meeting, the student will be referred to your agency for further information.

Sincerely,

(Teacher's Name)

(Telephone/Fax Number – email address)