

Notification to BHDDH of IEP/CDP meeting

Please complete all info requested and provide **two weeks** notice prior to meeting date.

IEP CDP Both

School Dept:

Location of Meeting:

Meeting Date & Time:

Contact Person:

Phone:

Student Name:

DOB:

Anticipated date of final
school supported services

On RIDE's list of final school supported services:

Yes

No

A release of confidential information has been signed by student or legal guardian:

Yes

No

Please e-mail to karen.lowell@bhddh.ri.gov