



Notification to BHDDH of IEP/CDP meeting

Please complete all info requested and provide at least two weeks notice prior to meeting date

Items marked with (*) are required

IEP CDP Other: Please Specify _____

Date of Notice: _____

School District* _____

School Name* _____

Specific Educational Program (if applicable) _____

Rescheduled Meeting* Yes No

Location of Meeting* _____

Meeting Date & Time* _____

Contact Person _____

Email _____

Phone _____

Student Name* _____

DOB _____

Primary Language _____

SASID # _____

Anticipated date of final school funded services _____

If no date provided, the presumed final date will be the student's 22nd birthday

Has the parent verbally or in writing requested BHDDH attendance at the

IEP/CDP meeting? Yes No

Please email completed forms to **BHDDH.Transition@bhddh.ri.gov**

Please contact Susan Hayward, 462-2519 or Carolee Leach, 462-1723 with any questions.