



## 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\* \_\_\_\_\_

If virtual meeting, provide meeting link below:

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](mailto:BHDDH.Transition@bhddh.ri.gov)**

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