

## **IEP Service Coordinator/Case Manager Notification**

Dear Parent(s)/Guardian(s) of	Student #
School Attending:	
	son(s) identified below will serve as your child's IEP Service school year and will report monthly on your child's progress
IEP Service Coordinator(s):	
	uire the Prince George's County School system to provide on- nild's IEP. This service includes coordinating related services eving the goals identified in his/her IEP.
coordination and your acceptance of the ass	child's school, indicating your consent to receive service igned IEP Service Coordinator(s). You are free to select your n at any time by contacting your child's school.
Should you have any questions regarding thi the school.	s form, contact your child's current IEP Service Coordinator at
Sincerely	
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Coordinator(s) identified above as my child's I understand that I am free to choose an IEF my child's IEP Service Coordinator in the future.	nild. I also agree to the appointment of the IEP Service IEP Service Coordinator(s) as outlined in COMAR 10.09.52. Service Coordinator for my child and that if I wish to change are; I can call the school to make the change. I understand that ays constitutes my implied consent and agreement to accept written.
Child's Name	
Parent Signature	