

**ST. BERNARD PARISH SCHOOL BOARD
AGENCY NOTIFICATION OF IEP MEETING**

Date of Notification: _____

A representative from your agency is invited to attend an IEP meeting. 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 available to attend this meeting, the student will be referred to your agency for further information.

Name/Position	Agency	Phone
To: _____	Families Helping Families Of Southeast Louisiana	504.943.0343
To: _____	Family to Family Help Services	800.331.5570
To: _____	Metropolitan Human Services (OCDD/BCSS)	504.599.0245
To: _____	Louisiana Rehabilitation Services	504.838.5180
To: _____	Louisiana Department of Children and Family Services (DCFS)	888.524.3578
To: _____	Advocacy Center for the Elderly and Disabled	800.960.7705
To: _____	Social Security Administration (SSI, SSDI)	800.772.1213
To: _____	Medicaid/Medicare	877.641.9883
To: _____	Louisiana Options and Long Term Care	866.229.5222
To: _____	Louisiana Work Incentive Planning and Assistance	337.962.3476
To: _____	St. Bernard Parish Business and Career Solution Center	504.278.7401

This IEP is being developed for:

Student Name: _____

School: _____

Date/Time: _____

Contact: _____ **Phone:** _____