



**South Bend Community School Corporation
Special Education Services**

215 S. St. Joseph St, South Bend, IN 46601
Ph: 574.283.8130 Fax: 574.283.810

Teacher of Record Notification

Student Name: _____ SBCSC ID#: _____ STN#: _____
School: _____ DOB: _____ Grade: _____ Teacher: _____
Parent: _____ Home Phone: _____ Work Phone: _____
Address: _____

Dear Parent:

My name is _____ and I provide special education services to your child as his/her
Teacher of Record for this school year.

During the course of the school year, I will provide the following services:

1. See that your child's IEP is being followed and that you receive quarterly progress reports;
2. Provide your child with direct or indirect educational services as described in the IEP;
3. Arrange case conference committee meetings;
4. Consult with and provide all your student's teachers and support staff with IEP information;
5. Make sure any supports, equipment, etc. as specified in the IEP are available to school staff;
6. Make sure allowable accommodations on state (ISTEP+) and local testing are used, and;
7. Be involved in decisions on the need for any additional or three year evaluations.

I look forward to working with you in order to make your child's education as successful as possible. Please
contact me at the following number _____. The best time to reach me is _____

Additional Comments:

Sincerely,

Teacher of Record