

**PROGRAMS FOR STUDENTS WITH DISABILITIES EXHIBIT
MEETING RESPONSE FORM**

Please return to:

Karen Pepper, CSE Secretary
Chazy Central Rural School
609 Miner Farm Road
Chazy, NY 12921

Please return by:

Student's Name: _____

Date of Meeting: _____

Time of Meeting: _____

_____ I will attend the Committee on Special meeting.

_____ I am unable to attend the meeting as scheduled.
Please arrange another time. (Unable comments,
please give times that would be more convenient.)

_____ I do not plan to attend the meeting. I understand that
it will be held in my absence.

COMMENTS:

_____ Date

_____ Parent/Guardian's Signature

_____ Phone Number

Adoption date: April 17, 2007