## **BARRINGTON PUBLIC SCHOOLS**

283 County Road Barrington, Rhode Island 02806 Tel: 401-247-3145 Fax: 401-247-3169

## KRISTEN MATTHES, M.Ed. Director of Pupil Personnel Services

Today's Date:		
Student:		D.O.B.:
School:		Grade:
Dear Parent/Guardian:		
special education services current	n (IEP) team has reviewed your child's a ly being provided. Based on a review b ermined that your child no longer needs	y the IEP team in which you
<ul> <li>□ Speech Therapy</li> <li>□ Language Therapy</li> <li>□ Special Education Instruction</li> <li>□ Counseling</li> <li>□ Special Education (Specify)</li> </ul>	<ul> <li>□ Adapted Physical Education</li> <li>□ Physical Therapy</li> <li>□ Occupational Therapy</li> <li>□ Other</li> </ul>	
☐ IEP Goals have been met ☐ Service(s) no longer needed to	ination of services is based on the follow benefit from educational placement tes that the student no longer meets eligi	
☐ Other (specify)	5	
If you have any questions regarding	ng the recommendations, please contact	my office to discuss further.
Sincerely, Kristen Matthes, M.Ed. Director of Pupil Personnel		