

Notice of Individualized Education Program (IEP) Team Meeting

Date of Notice: _____
 Date(s) of additional contact(s): _____

To the Parent(s)/Guardian(s) of _____:

The IEP team would like to invite you to participate as a partner at an IEP Team meeting to discuss your child's educational program at _____ (time) on _____ (date) at _____ (location).

Your attendance at this meeting is encouraged. You are entitled, by state law, to notification 10-days prior to any IEP team meeting. You are also entitled to notification in your native language.

The purpose of this meeting is to:

- review existing information to determine the need for additional data.
- review written referral and/or existing data and information, and, if appropriate, determine eligibility for special education services.
- develop the IEP.
- review and, if appropriate, revise the IEP.
- consider reevaluation to determine need for additional data, determine services and/or determine continued eligibility.
- conduct a manifestation determination.
- address functional behavioral assessment and/or behavioral intervention plan.
- consider Extended School Year services.
- consider postsecondary goals and transition services.
- consider transition from the Infants and Toddlers Program to Preschool Special Education
- Other: _____

The following agency and/or school personnel are expected to attend:

If you wish, you may invite others who have knowledge or special expertise regarding your child to attend this meeting with you. If others will attend, please indicate their names below. For parents with a child possibly transitioning from the Infants and Toddlers Program to Preschool Special Education, the parents may request that a representative of the Infants and Toddlers program attend.

Beginning no later than the first IEP to be in effect when the student turns 14 or younger, if appropriate, your child will be invited and expected to attend.

"Procedural Safeguards Parental Rights" booklet enclosed Yes No

Please indicate below whether or not you can attend this meeting and return one copy of this letter to the school.

Check all that apply.

- I will attend the meeting.
- I am unable to attend the meeting. Please proceed with the meeting.
- I will call the school to arrange a more convenient time.
- I would like to participate via teleconference. Please call me at _____ (phone).
- This is an expedited meeting that has been scheduled with less than ten (10) days notice and was mutually agreed upon by parent/guardian and IEP team.

Signature: _____

Please return a signed copy of this document as soon as possible

If you have any questions about this form or have a disability under the ADA and need further assistance, please contact phone number _____