Your School/District _____ SpEd 4 04.08

Your City _____

Notice of Meeting

To the parent(s) of _____ Date _____

You are invited to a meeting to:

☐ Review evaluation / re-evaluation data and consider your student's eligibility for special Education and related services.

<u>If student is determined to be eligible, the team will also:</u>

☐ Discuss / develop an individualized education program (IEP) for your student, and consider the educational placement of your student.
Enclosed is a copy of the Procedural Safeguards.

☐ Consider transition services including post-secondary goals. Your student is invited to participate.

☐ An outside agency representative will be invited, as described below, with your consent (see attached consent form).

☐ Discuss the educational placement of your student.

☐ Other _____

The meeting is scheduled as follows:

Date_____ Time_____ Location _____

Participants we expect to be in attendance, who will be invited by school personnel:

☐LEA Representative_____

☐Special Education Teacher _____

☐Regular Education Teacher _____

☐ Student (as appropriate) _____

Name _____ Position / Agency _____

Name _____ Position / Agency _____

Name _____ Position / Agency _____

Name _____ Position / Agency _____

Name _____ Position / Agency _____

Name _____ Position / Agency _____

<u>If any IEP team member will not be attending the IEP meeting, complete and attach the form</u>

<u>"IEP team member not attending" prior to the meeting.</u>

You may bring other individuals who have knowledge or special expertise regarding your student. At your request the Part C service coordinator or other representatives of the Part C system may be invited to participate at the initial IEP meeting for a student previously served under Part C of the IDEA. Please notify the person listed below and he/she will extend the invitation. If you plan to do so, or if this is not a convenient time and place, please contact:

_____ at: _____

Copy to parent and to file.