

**PARENT/GUARDIAN NOTICE
OF INDIVIDUALIZED EDUCATION PROGRAM TEAM MEETING**

Dear _____ Date _____

We are planning a meeting of the Individualized Education Program Team concerning your child, _____. You are invited to attend and participate in this meeting. We have scheduled the meeting for:

Date _____ Time _____

Place _____

The purpose of this Individualized Educational Program Team (IEP) meeting is:

- | | |
|---|--|
| <input type="checkbox"/> Determine eligibility | <input type="checkbox"/> Transition planning |
| <input type="checkbox"/> Annual review | <input type="checkbox"/> Parent request |
| <input type="checkbox"/> Three-year review - eligibility and goals review | <input type="checkbox"/> Other _____ |

The following individuals have been invited:

- | | |
|--|--|
| <input type="checkbox"/> Special Education Administrator | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> School District representative(s) _____ |
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Agency representatives _____ |
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Student | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Speech & Language Pathologist | |

If there are any questions or more information is needed, please call:

Name

Title

Phone

A summary of the procedural safeguards/parents rights enclosed. A comprehensive copy will be provided at the IEP meeting.

Please check one and return the copy as soon as possible in the enclosed stamped envelope.

_____ I will attend the conference as scheduled above. If unforeseen circumstances prevent my attendance and I do not contact you to reschedule, I understand that the Individualized Education Program Team Meeting may continue as scheduled.

_____ I request an interpreter. Language: _____

_____ I would like to attend the meeting and will telephone to reschedule, or _____ Please telephone me at _____ to reschedule.

_____ I am unable to attend this conference. I understand you will proceed as scheduled. I understand that the results of the meeting will be sent to me for my review and approval.

_____ I withdraw permission for consideration of Special Education placement and services at this time.

PARENT'S SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____