

School District

NOTICE OF IEP MEETING

DATE: _____

TIME: _____

LOCATION: _____

PURPOSE: _____

YOU ARE INVITED TO PARTICIPATE IN THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING TO REVIEW AND CONSIDER THE EDUCATIONAL NEEDS OF THE FOLLOWING STUDENT:

RE: _____ **DOB:** _____ **GRADE:** _____

TO: ADMINISTRATOR OR DESIGNEE: _____

PRINCIPAL: _____

CHAIRPERSON: _____

PARENT(S): _____

STUDENT: _____

SPECIAL EDUCATION TEACHER: _____

GENERAL EDUCATION TEACHER: _____

NURSE: _____

COUNSELOR: _____

PSYCHOLOGIST: _____

SPEECH/LANG PATHOLOGIST: _____

AGENCY REPRESENTATIVE: _____

INTERPRETER: _____

OTHER: _____ _____

FROM:
SCHEDULED BY: _____

PLEASE REMEMBER TO BRING RELEVANT INFORMATION INCLUDING GRADE BOOK ATTENDANCE AND WORK SAMPLES AS APPROPRIATE.

TODAY'S DATE: _____ **Monday, May 4, 2009** _____