

School District
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 Education 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"/> General Classroom Teacher(s) _____ | <input type="checkbox"/> Agency representative(s) _____ |
| <input type="checkbox"/> School Psychologist(s) _____ | <input type="checkbox"/> Interpreter _____ |
| <input type="checkbox"/> Nurse _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Student _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Speech & Language Pathologist(s) _____ | |

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

Name

Title

Phone

Please check one or more 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 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 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'S NAME _____ **DATE** _____