

INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING

***** School Age

Date: _____

Name and Address of Parent _____

Child's Name: _____

Dear _____:

This notice is to invite you to attend and participate in:

- Individualized Education Program Team Meeting
- Other meeting (specify): _____

The purpose of this meeting is to: *(Check all that apply)*

- Discuss the results of the team evaluation that concluded that your child is a child with a disability and in need of special education. An Individualized Education Program (IEP) will be developed at the meeting and a recommendation will be made regarding the educational placement of your child.
- Discuss your child's current IEP to review and revise it as needed.
- Other: _____

Transition Planning: *For a child who will be at least 16 years of age during this IEP.*

- (For parents)* We are inviting your son/daughter to attend this meeting. We are also inviting representative(s) from the following agency or agencies as listed below.
- (For student)* Develop or review a statement of your need for transition services. We are also inviting representative(s) from the following agency or agencies as listed below.

The team meeting has been tentatively scheduled for this location _____ at the following date and time: _____. If this time, date or location is not convenient, please contact me as soon as possible so we can arrange a time and place which are mutually convenient.

Name	Title	Phone Number
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Address: _____

Under law, members of the IEP team shall not be required to attend an IEP meeting in part or whole if the parents of a child with a disability and the Local Education Agency (LEA) agree that the attendance of such member is not necessary because that member's curriculum area or related service is not being discussed. If a member's area of

expertise is being discussed, that member of the IEP team may be excused from attending an IEP meeting if the parent and LEA consent to the excusal and the member submits in writing to the parent and IEP team input into the development of the IEP prior to the meeting.

The following people are expected to attend or participate in the IEP development.

NAMES OF IEP TEAM MEMBERS	ROLE*	ATTENDANCE NECESSARY Y/N	EXCUSED AND WILL SUBMIT INFORMATION IN WRITING Y/N
	Local Education Agency Rep. **		
	Regular Education Teacher **		
	Special Education Teacher **		
	Parent **		
	Parent **		

* Denotes this person's involvement in your child's IEP development. Examples: regular education teacher, Local Education Agency representative, etc.

** Denotes mandated members of the IEP Team who can be excused from attending a meeting. Other members of the IEP Team are not mandated therefore are not required to attend.

Parents are strongly encouraged to participate as members of their child's IEP Team. If you would like additional personnel from the local education agency to attend this team meeting or if you have any questions or comments, please contact me. Further, please be advised that you may bring other people to the meeting who have knowledge or special expertise regarding your child.

Please respond to this notice by checking the appropriate option below and return this form (by mail or in person) as soon as possible.

- I will attend the meeting as scheduled, and **agree** with the IEP team participation as described above.
- I will attend the meeting as scheduled, but **do not consent** to the IEP team attendance as described above, and request the attendance of required IEP members.
- I will not attend the meeting.
- I wish to attend the meeting, but this time and/or location is not convenient. Please contact me to make alternative arrangements.
- I will need the following accommodations to be made so that I may attend the meeting: __

Parent Signature

Date

A copy of the ***Procedural Safeguards Notice*** explaining your rights is available from your child's school.