

STATE SELPA IEP TEMPLATE
INDIVIDUAL EDUCATIONAL PROGRAM - NOTICE OF MEETING

Student Name _____ **Date of Birth** ___/___/___

Initial Annual Triennial Transition Planning Pre-Expulsion Interim Other _____

Address _____

Dear _____ **Today's Date** ___/___/___

An Individual Education Program (IEP) Meeting has been scheduled for the above student. Your participation is important in the development of an appropriate education. The student could benefit from participation in the IEP Meeting and is invited to attend. Secondary students age 15 or older should attend the IEP Team meeting as appropriate. You have the right to have other individuals present who have knowledge or special expertise relating to the above student. If this is the initial IEP meeting and the student was receiving services under Part C, through an IFSP you may request that the district invite the Part C Service Coordinator or other representative. You are requested to attend this meeting as a participating member of the IEP team. The meeting is scheduled for:

Date ___/___/___ **Time** _____

School / Location _____ **Room** _____

We anticipate that the following members may also attend

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Administrator/Designee | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Student | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Specialist (type) _____ | <input type="checkbox"/> _____ |

NOTICE: If you wish to audio tape this meeting, you must provide 24 hour notice; we will also audio tape the meeting.

If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:

Name _____ **Title** _____

School / District _____ **Phone** _____

Please complete and sign this form, and return to _____

Check the following items, as appropriate:

- YES, I plan to attend the meeting
- YES, I plan to attend the meeting and bring the following additional attendees: _____
- _____
- I do not plan to attend the meeting, but I am available by teleconference
- I require assistance of an interpreter. (language) _____
- I request a different time and/or place. Please call me at home (____) _____ work (____) _____
- I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed.

Signature _____ **Date** ___/___/___

- Parent Guardian Surrogate Adult Student

NO, I cannot attend the meeting, but hereby give my permission for the meeting to be held without me (CFR 300.322d). I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

NO, I cannot attend, but I will send _____ as my representative to speak for me. I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

Signature _____ **Date** ___/___/___

- Parent Guardian Surrogate Adult Student