

NOTICE AND INVITATION TO A MEETING / CONSENT FOR AGENCY PARTICIPATION

To: _____ Date Notice Sent: _____
 Name of Parent or Guardian

This notice is to invite you to a meeting for student _____, DOB _____ to be held:

Meeting Date: _____ Time: _____ Location: _____

The purpose of this meeting is to:

- Determine if Referral requires Evaluation (Provide Special Education Rights)
- Discuss the Need for Additional Data Collection
- Determine Initial or Continued Eligibility
- Develop an Initial IEP
- Develop an Annual IEP or Revise the current IEP
- Conduct an Annual Review of the current IEP
- Discuss Transition / Postsecondary Services
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise/Discuss Behavioral Intervention Plan
- Conduct a Resolution Session
- Other Reason to meet: _____

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Someone Who Can Interpret the Instructional Implications of the Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student notified on _____ via _____
- Career / Technical Representative
- Agency Representative(s) for Transition (with parental consent / student age 19)
 Agency Name(s): _____

 Agency notified via: _____ on _____
- Other: _____
- Other: _____

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting.

If you require notice and an explanation of your rights in your native language, the LEA/agency will accommodate you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, wish to arrange a conference, or need additional accommodations please contact:

_____ at _____ or _____
 Contact Name Telephone number Email me

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.	
Results of 1 st Attempt: _____	
2 nd Attempt Date: _____	Action / Result: _____

PARENT – STUDENT (Age 19 or older)	
Please check one of the following boxes, sign, date, and return this form to the contact (above) before: _____	
<input type="checkbox"/> I WILL be able to meet with you on the scheduled date and time.	
<input type="checkbox"/> I will NOT be able to meet on the scheduled date and time, but would like to reschedule, please contact me at _____	
<input type="checkbox"/> I will NOT be able to attend the meeting. The meeting may proceed without me.	
Please check one of the following boxes if agency(s) were invited (see if checked above):	
<input type="checkbox"/> I Give consent for the representative(s) from the other transition agency(s) to attend the meeting. (Excluding the following agency(s): _____)	
<input type="checkbox"/> I DO NOT give consent for representative(s) from the other transition agency(s) to attend the meeting.	
Signature of Parent or Student (Age 19) _____	Date _____