

INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING

Child's Name:

INVITATION TO PARTICIPATE IN THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING OR OTHER MEETING

School Age

Child's Name: _____

Date Sent (mm/dd/yy): _____

Name and Address of Parent/Guardian/Surrogate:

For LEA Use Only:
 Date of Receipt of Parental
 Response to Invitation

Dear _____ :

We would like to invite you to a meeting to talk about special education programs and services for your child.

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

- Discuss the results of the team evaluation of your child. An *Individualized Education Program (IEP)* will be developed at the meeting.
- Discuss your child's current IEP to review and revise it as needed.
- Other:

Transition Planning and Services - For a child who will be age 14 or younger if determined appropriate by the IEP team.

- (For parents) We are inviting you and your son/daughter to attend this meeting to determine the need for and/or develop appropriate measurable postsecondary goals and a statement of transition services needed to assist your child in reaching these goals. We also are inviting representative(s) from the agency or agencies as listed below.
- (For student) We are inviting you to develop or review a statement of your need for transition services. We also are inviting representative(s) from the agency or agencies as listed below.

IEP Team Meeting - Invited IEP Team Members

As the parent, you are a member of your child's IEP team, and we, the Local Education Agency (LEA) want you to attend the IEP meeting. Listed below are the other team members we are inviting. In addition, you may bring other people to the meeting who have knowledge or expertise regarding your child. If you have any questions or comments about this, please contact me as soon as possible.

Role	Name
LEA Representative	
Special Ed. Teacher	
Regular Ed. Teacher	
Child *	
Teacher of the Gifted ***	

Role	Name
Community Agency Rep. **	
Career/Tech Ed. Rep. **	
Other	

* Child must be invited if postsecondary goals and secondary transition will be considered
 ** As determined by the parent and LEA as needed for transition services and other community services
 ***A teacher of the gifted is required when writing an *IEP* for a student with a disability who also is gifted

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Child's Name: _____

We suggest these arrangements for the meeting:

Date: _____

Location: _____

Time: _____

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE:

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

I. My Attendance

I will attend the meeting.

I will NOT attend the meeting.

I wish to attend the meeting, but this time and/or location is not convenient. I prefer to meet at the following date: _____

and time: _____

Please contact me to make alternative arrangements.

II. Accommodations

I will need an interpreter.

I will need the following accommodations so that I may participate:

SIGN HERE:

Parent/Guardian/Surrogate Signature

Date (mm/dd/yy)

PLEASE RETURN THIS FORM TO:

Name and Title: _____

Phone Number: _____

Address: _____

A copy of the *Procedural Safeguards Notice* is available upon request from your child's school. This document explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

For help in understanding this form, an annotated *Invitation to Participate in the IEP Team Meeting* is available on the PaTTAN website at www.pattan.net Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.