

## Form #1 – Notice of Meeting

Local Education Agency: \_\_\_\_\_ Date: \_\_\_\_\_

To (Parent/Legal Educational Decision Maker): \_\_\_\_\_

This letter is to invite you to a meeting for \_\_\_\_\_ (student) in order to:

 Review a referral to special education and discuss/complete an evaluation plan to determine eligibility for special education Review information and decide special education eligibility or a proposed change to the child/student's identification/disability Develop, revise, or review an Individualized Education Program (IEP). This may include a discussion of a proposed change in an educational placement or the provision of a Free Appropriate Public Education and a discussion of postsecondary goals and services Conduct an Annual Review Plan a reevaluation to determine continuing eligibility for special education and related services Review reevaluation results to determine continuing eligibility for special education and related services. Conduct Manifestation Determination Meet regarding parent input provided/submitted Meet for another reason, as described: \_\_\_\_\_

The meeting is scheduled for: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

If the time or location is not convenient, please contact me by this date: \_\_\_\_\_

Email Address: \_\_\_\_\_

or write to me at this address: \_\_\_\_\_

so we may either reschedule or talk about other ways that you can participate in the meeting.

**If you would like to receive copies of specific documents (e.g., evaluation reports, test results) or any other portion of your child's educational record prior to the meeting, please contact me.**

### Contact Information:

If you have questions about this document or would like additional information please contact: the [Special Education Monitoring Team](#).

As required by federal and state law, in addition to you, we will have the following people at our IEP and/or Evaluation Planning Team meeting(s) (see list below). As permitted by federal and state law, the general education teacher, special education teacher or special education provider may also be designated as the school representative. As permitted by federal and state law; the person who can interpret evaluation results can also be the general education teacher, special education teacher or provider, or school representative. The following people have been invited by the school (**parents also have the right to invite others, with knowledge or expertise of the child**) to attend this meeting:

Names of those invited to attend	Role / Position / Affiliation
	Student
	Local Education Agency Representative
	Special Educator or Service Provider
	General Education Teacher*
	Individual to interpret educational implications
	Individual who conducts diagnostic evaluations (required only for Specific Learning Disability)

*\*Note: Evaluation Planning Teams for a student suspected of having a specific learning disability should include a general education teacher qualified to teach a student of his or her age if the student does not have a general education teacher.*

Others invited to attend with knowledge of the student and/or for Post-Secondary Transition Planning (table below):

Names of others invited to attend with knowledge of the student and/or for Post-Secondary Transition Planning	Position / Affiliation

As required by federal and state rules, the district invites your son/daughter to attend the IEP meeting when postsecondary goals and transition services will be considered. Postsecondary goals and transition services can be considered at any age, but must be included in the first IEP to be in effect when your child reaches age 16 (or younger, if determined appropriate by the IEP Team).

If this is an initial IEP meeting, a representative of the Part C system (Early Intervention Program for Infants and Toddlers with Disabilities) if your child is transitioning from Part C to Part B, and you have requested the participation of a Part C representative.

Signature: \_\_\_\_\_

Printed Name and Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### DELIVERY

I, \_\_\_\_\_,

hand delivered,  mailed,  emailed,  other \_\_\_\_\_  
(specify)

this notice to \_\_\_\_\_ on \_\_\_\_\_.  
(Name) (Date)

A copy of the Procedural Safeguards is enclosed.

A copy of the Procedural Safeguards was provided to you previously within the last 365 days. If you would like another copy, please contact: \_\_\_\_\_