Student: School: Grade: Meeting Date:			
			REMINDER
Date:			
Dear			
Parent/Guard	dian		
Our school system would like to invite			
of It will be at	on		·
Student Name Members of our staff would like to r			
Other team members who will be in Special Education Teacher LEA Representative Others as Appropriate Interpreter of Evaluation Resul Regular Education Teacher Please plan to participate in this meet you believe can assist the team. If yo that arrangements can be made to ac please let us know. If you are unable meeting was rescheduled (to a mutual have questions concerning procedura at Phone Number	ting; your input is v u do bring others, v ccommodate all the to attend at the pro ally agreed upon tin	we encourage y participants. If posed time, bu ne and/or place	ou to notify us before the meeting so you need an interpreter or translator, t would be able to participate if the), or conducted by phone, or if you
Sincerely, cc: Meeting Participants			

chool: rade:	
	RESPONSE SECTION
PLEASE SELEC	CT RESPONSE(S), SIGN, AND RETURN TO SCHOOL CONCERNING:
	Student Name
	Meeting Date: Meeting Location: Meeting Time:
MEETING. HOWEV I CANNOT MEET ATON MM/DD/YYYY I DO NOT WISH TO MEETING AND SEN *This option cannot be determination. If a draft IEP is developrovided to the pare decline their right to	T FOR THE MEETING. HAT I HAVE THE RIGHT UNDER STATE LAW TO A 10-DAY NOTICE OF AN IEFER, I WOULD LIKE TO WAIVE THE 10 DAY NOTICE OF THIS MEETING. T THE DATE OR TIME SHOWN ABOVE. I CAN MEET WITH YOU at Time ATTEND THIS MEETING. PLEASE GO AHEAD WITH THE ND THE PROGRAM HOME FOR MY REVIEW AND SIGNATURE. be selected for students who are having their initial eligibility sloped prior to a scheduled IEP meeting, a copy of such draft must be not at least 48 hours prior to a scheduled IEP meeting. Parents may receive a copy of the draft IEP if one is developed. be developed prior to the IEP meeting.
 Signature	 Date