

Date: _____

Dear _____ (parent/guardian name),

Our school system would like to invite you to attend a meeting to discuss the education needs of _____ (student name). It will be at _____ (location and room) on _____ (date) at _____ (time).

Members of our staff would like to meet with you for the following reasons (*check all that apply*):

- To review your child's educational status and determine what data, if any, are needed to complete your child's evaluation/re-evaluation.
- To review the results of your child's initial evaluation/reevaluation and determine eligibility for special education and related services.
- To review and/or develop your child's Individualized Education Program (IEP).
- To consider the educational placement of your child (includes a change in educational placement, graduation and termination of eligibility).
- To consider a manifestation determination based upon your child's disability prior to a disciplinary action/hearing.
- To consider the need for a functional behavior assessment of your child.
- To consider the need to create or revise a behavior intervention plan.
- To consider the need to develop or revise the student's transition plan. (The student and other agency(s) representative(s) are also receiving this Invitation.)
- To review your child's anticipated date of graduation or exit from special education.
- Other: _____

Titles and names of people who will be invited to attend:

_____	_____
_____	_____
_____	_____
_____	_____

Please plan to participate in this meeting; your input is very important. You are welcome to bring others who you believe can assist the team. If you do bring others, we encourage you to notify us before the meeting so that arrangements can be made to accommodate all the participants. If you need an interpreter or translator, please let us know. If you are unable to attend at the proposed time, but would be able to participate if the meeting was rescheduled (to a mutually agreed upon time and/or place), or conducted by phone, or if you have any questions concerning your rights as outlined in the enclosed brochure, please contact our department by _____ (date) at _____ (phone number).

Sincerely,

cc: Meeting Participants

RESPONSE SECTION

PLEASE SELECT RESPONSE(S), SIGN AND RETURN TO SCHOOL

CONCERNING: _____ (student name)

Meeting Date: _____

Meeting Time: _____

Meeting Location: _____

- I WILL BE PRESENT FOR THE MEETING.
- I UNDERSTAND THAT I HAVE THE RIGHT UNDER STATE LAW TO A 10-DAY NOTICE OF AN IEP MEETING. HOWEVER, I WOULD LIKE TO WAIVE THE 10 DAY NOTICE OF THIS MEETING.
- I CANNOT MEET AT THE DATE OR TIME SHOWN ABOVE. I CAN MEET WITH YOU ON (date) _____ at (time) _____.
- I DO NOT WISH TO ATTEND THIS MEETING. PLEASE GO AHEAD WITH THE MEETING AND SEND THE PROGRAM HOME FOR MY REVIEW AND SIGNATURE.

*This option cannot be selected for students who are having their initial eligibility determination.

If a draft IEP is developed prior to a scheduled IEP meeting, a copy of such draft must be provided to the parents at least 48 hours prior to a scheduled IEP meeting. Parents may decline their right to receive a copy of the draft IEP, if one is developed.

- Draft will **not** be developed
- Draft IEP will be developed
 - I want a copy of my child's draft IEP.
 - I do not want a copy of my child's draft IEP.

I acknowledge that the information provided in a draft IEP is only an initial recommendation for review and discussion. Whether I choose to accept or decline a copy of the draft IEP, I will be provided an opportunity for meaningful participation, to share parental input, and to engage in full discussion of my child's needs at the IEP meeting. The IEP team will discuss the draft and make any changes, corrections, deletions, or additions that are appropriate to ensure that the final IEP meets my child's needs and provides the educational services and supports necessary. All educational services and supports will be finalized during the IEP meeting.

Signature

Date