

Invitation to Attend a Meeting

PURPOSE: This invitation requests your attendance at a meeting to discuss your child's educational program/needs. You have the opportunity to participate in any meeting regarding your child's identification, evaluation, educational placement, and provision of a free appropriate public education.

Student Name: _____ Birth Date: _____ Date: _____

Parent Name: _____

Method of Notification: Email Mail Telephonic Other:

PURPOSE OF THE MEETING

<input type="radio"/> IEP Development <input type="radio"/> Evaluation Planning <input type="radio"/> Eligibility Determination <input type="radio"/> Secondary Transition Planning <input type="radio"/> Consider Extended School Year (ESY)	<input type="radio"/> Functional Behavior Assessment <input type="radio"/> Develop/ Review Behavior Intervention Plan <input type="radio"/> Manifestation Determination <input type="radio"/> IEP Amendment <input type="radio"/> Other:
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The meeting is proposed for this date:	
At this time:	
At this location:	

If you are unable to attend this meeting or would like to propose a different meeting date/time, please contact:

District Personnel Name	Title	Phone Number

Meetings addressing IEPs and placement are scheduled at a mutually agreed upon place and time by you and the school district. If you are unable to attend this meeting you may request that the school consider other dates/times for the meeting or that participation through other means. You or the district may invite any individual to be a member of the IEP team who has knowledge or special expertise about your educational needs.

This is a list of the roles of those currently invited to attend the meeting.

The district must obtain parental consent regarding secondary transition or other agency participation.

- This issue is not applicable to this student (no signature is required for this option)
- I give** my consent for agency participation.
- I do not give** consent for agency participation.

Parent Signature	Date:
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