**Notification of Meeting**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
| To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Parent(s)/Guardian(s) | | Adult Student | | | Student | | |
|  | | (age 18+ or emancipated minor) | | | (required when postsecondary transition is a purpose of the meeting) | | |
| This is to confirm that a meeting with you has been scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date)  at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Time) (Location) | | | | | | | |
| The purpose of this meeting is to:(check all that apply) | | | | | | | |
| Review existing data as part of an initial evaluation or reevaluation | | Determine initial or continued eligibility | | | Consider/conduct Functional Behavioral Assessment | | |
| Develop initial IEP | | Review/Revise IEP | | | Conduct Manifestation Determination | | |
| Consider Post-secondary Transition | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| The following individuals have been invited to participate in this meeting: | | | | | | | |
| Team Member Role | | | | Name and/or position held  within the public agency | | | |
| Local Education Agency (LEA) Representative\* | | | |  | | | |
| Special Education Teacher\* | | | |  | | | |
| Individual to interpret instructional implications of evaluation results\* | | | |  | | | |
| Individual qualified to conduct diagnostic examinations\*\* | | | |  | | | |
| General Education Teacher\* | | | |  | | | |
| Student | | | |  | | | |
| Agency representative(s) for post-secondary transition (must have appropriate consent to invite) | | | |  | | | |
| Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | |
| Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | |
| Part C Representative (if applicable) \*\*\* | | | |  | | | |
| Parent(s) | | | |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | |
| \* Required participant for IEP and Review of Existing Data meetings.  \*\*Required participant for Eligibility Meetings when SLD is suspected.  \*\*\*For the initial IEP meeting of children served in First Steps, the public agency must, at the request of the parent, send an invitation to the First Steps Service Coordinator or other representatives of the First Steps system to assist with the smooth transition of services at the initial IEP meeting. | | | | | | | |
| Participation in Review of Existing Data meeting does not have to be in person. Parents and LEA may provide written consent to excuse IEP team members from IEP team meetings only. | | | | | | | |
| This agency **AND** the parents have the right to invite any other participants they feel have knowledge or special expertise of the child. The determination of knowledge or special expertise shall be made by the party (parent or public agency) who invited the individual to be a participant at the meeting. The Family Educational Rights and Privacy Act (FERPA) requires a written Release of Information MUST be obtained for other persons invited by the parent or LEA to share confidential information at the IEP meeting. | | | | | | | |
| If you are unable to attend this meeting, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as soon as possible. | | | | | | | |
|  | | | | | | | |
| Sincerely, | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name | | Title | | | | Date | |
|  | | | | | | | |
| **Record of District Attempts to Schedule Meeting** | | | | | | | |
| 1st Attempt | | | 2nd Attempt (must be a direct contact with parent) | | | | |
| Date of contact: | | | Date of contact: | | | | |
| Parent waived notification requirement\* | | | Parent waived notification requirement\* | | | | |
| Method of contact: | | | Method of contact: (must be a direct contact) | | | | |
| Written: | Hand carried by student | | Written: | | | | Regular mail |
|  | Regular mail | |  | | | | Certified mail |
|  | Certified mail | |  | | | |  |
|  | Fax | | Verbal: | | | | Phone |
|  | E-Mail | |  | | | | Face to face contact |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | | |
|  |  | |  | | | | |
| Verbal: | ☐ Phone | |  | | | | |
|  | ☐ Voice mail | |  | | | | |
|  | ☐ Face to face contact | |  | | | | |
|  | ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | | |
|  | | |  | | | | |
| Parent/Guardian Response: | | | Parent/Guardian Response: | | | | |
| Do not want to attend (proceed with meeting). | | | Do not want to attend (proceed with meeting). | | | | |
| Cannot attend, please reschedule (proceed with meeting). | | | Cannot attend (proceed with meeting). | | | | |
| No response (proceed with 2nd attempt). | | | No response (proceed with meeting). | | | | |
| Yes, I’ll be there. \*\* | | | Yes, I’ll be there. \*\* | | | | |
| \* In general, reasonable notification is 10 days. | | | \* In general, reasonable notification is 10 days. | | | | |
| \*\*If the parent does not attend the meeting, proceed to the 2nd attempt. | | | **\*\***If the parent does not attend, the agency may proceed with the meeting. | | | | |