**Student:**

**School:**

**Grade:**

**Meeting Date:**

 INITIAL

 REMINDER

Date:

Dear

 

Our school system would like to invite you to attend a meeting to discuss the education needs

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. It will be at on \_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_..

   

**Members of our staff would like to meet with you for the following reasons:**

**Other team members who will be invited to attend:**

* Special Education Teacher
* LEA Representative
* Others as Appropriate
* Interpreter of Evaluation Results
* Regular Education Teacher

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 questions concerning procedural safeguards, please contact our department by at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 

Sincerely,

cc: Meeting Participants

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Meeting Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
| **RESPONSE SECTION** |  |

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

 ****

**Meeting Date:**

**Meeting Location:**

**Meeting Time:**

* 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

  

* 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.
* A draft IEP will not be developed prior to the IEP meeting.

 **Signature Date**