Individual Education Program (IEP) Team Meeting Invitation

Date: Date

To: Enter Addressee

*Parent and Student (If postsecondary goals and transition services are being considered)*

An Individualized Education Program (IEP) Team meeting for your child has been scheduled for Enter meeting time, Enter meeting date at Enter meeting location

Time Date Location

You are invited and strongly encouraged to participate in this meeting. If you are unable to attend on this date or location, you are encouraged to request to reschedule the meeting. You may also request another method of participation (e.g., conference call).

# Meeting Purpose

Determine or re-determine eligibility

Consider special education placement

Develop an Individualized Education Program (IEP), if appropriate

Review/amend the IEP and/or placement (annual review or other review)

Consider postsecondary goals and transition services (prior to entry to high school or age 16)

Consider the need for reevaluation

Review the results of recent evaluation(s)

Consider the need for a functional behavior assessment and/or develop/revise a behavior intervention plan

Other

# Attendees

## Required members:

If any required members are unable to attend, the parent will be notified and asked to provide written consent for excusal.

Local education agency representative, LEA represenative name (optional)

Special education teacher, Teacher name (optional)

General education teacher, Teacher name (optional)

Student, Student name (optional)

## Additional members:

These members do not require an excusal.

Member 1 title, Member 1 name

Member 2 title, Member 2 name

Member 3 title, Member 3 name

Member 4 title, Member 4 name

If transition is being discussed and another agency is likely to be providing or paying for services, a representative from that agency will be invited with the consent of parent or student, if age 18 or older. For children previously served in Babies Can’t Wait, you may request a representative of that agency attend to assist with transition services. You may also invite other individuals who have knowledge or special expertise regarding your child. If you are unable to attend the IEP meeting, a copy of the IEP will be mailed to you.

Sincerely,

Please complete and return this form to your child’s teacher or school by Enter Complete by Date.

Child’s Name: Child's name

I will attend the meeting as scheduled.

I would like to reschedule the meeting or arrange for an alternate means of participation. Please contact me. Phone: Parent contact phone number and email: Parent contact email.

I am unable to attend the meeting. The meeting may proceed without me. I understand that I will receive a copy of the IEP and any other documents. I can have these documents explained to me if I request the system to explain them.

I consent to the invitation of the agency representative listed above that is likely to be responsible for providing or paying for transition services.

Parent Signature Parent Phone or Email Signature date

Parent Phone/Email Date