

# NOTIFICATION OF MEETING

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
FIRST/MIDDLE/LAST

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): \_\_\_\_\_

PHONE: (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (OTHER) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ DISTRICT/AGENCY: \_\_\_\_\_  
STREET ADDRESS/P.O. BOX CITY STATE ZIP

TO: \_\_\_\_\_  
PARENT AND CHILD (IF TRANSITION SERVICES ARE BEING CONSIDERED)

We would like to meet with you to discuss:

- Evaluation/eligibility/identification of disability requiring special education services
- Placement/Individualized Education Program (IEP)
- Transition from early intervention services to preschool
- Review of placement/IEP
- Reevaluation to determine disability and nature, extent of special education and related services needed
- Consideration of needed transition services
- Consideration of Extended School Year (ESY) services
- Other options to be considered (if applicable):

LOCATION OF MEETING (Building/Room)	ADDRESS
on _____ at _____	TIME _____
DAY _____ DATE _____	

This meeting will provide an opportunity to discuss your child's educational program and any changes that may be necessary for provision of appropriate services. Students must be invited to attend meetings for the purpose of considering transition services not later than the beginning of the student's ninth grade year or upon turning 16 years of age, whichever occurs first. As the parent, you will decide whether your minor child will attend. Representative(s) from agencies that may be responsible for providing transition services shall be invited to the meeting, with prior written parental consent. At your discretion or the agency's discretion, other individuals who have knowledge or special expertise regarding the child may also be a member of the IEP Team.

<u>The persons indicated below are required to attend:</u> Parent Regular Education Teacher Special Education Teacher Administrative Representative	<u>The persons selected below are invited to attend:</u> Speech Language Pathologist Vocational Rehabilitation Counselor Student Qualified Examiner IDEA Part C Representative Physical Therapist Occupational Therapist Other
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Please contact the person at the address, phone number, or email address below by \_\_\_\_\_ as to whether you can meet at the mutually agreed upon time and place suggested or if other arrangements convenient for you should be made. If neither parent can attend, the agency shall make other methods of participation available to the parent, including individual or conference telephone calls and copies of the IEP. Your child's educational program and services will not be changed prior to the meeting to ensure your opportunity to participate. Translation/interpretation will be arranged upon request. Parents have protection under the procedural safeguards. If you have any questions regarding this notice or your rights, please contact the person listed on this form. Additional resources can be located within the *Parents Rights in Special Education: Notice of Procedural Safeguards*. To obtain a copy, contact \_\_\_\_\_.

FROM: \_\_\_\_\_

SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL \_\_\_\_\_ DISTRICT/AGENCY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS/P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

<b>SCHOOL USE ONLY:</b>	NOTICE SENT BY: _____	Date Mailed _____ Date Delivered _____
Translation/interpretation needed? Yes No If yes, specify how and when provided: _____ School/public agency official's signature certifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights. *Provide documentation of electronic delivery.		