

NOTIFICATION OF MEETING

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
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 regarding the following:

- 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 (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first).
- Consideration of Extended School Year (ESY) services.
- Other options to be considered (if applicable): _____

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

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 beginning not later than the first IEP developed during 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.

The persons indicated below are required to attend:

- Parent
- Regular Education Teacher
- Special Education Teacher
- Administrative Representative

The persons selected below are invited to attend:

- Related Service Provider(s)
- Vocational Rehabilitation Counselor
- Student
- Qualified Examiner
- IDEA Part C Representative
- Other _____
- Other _____
- Other _____

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 <autofill special education teacher>.

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

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

SCHOOL USE ONLY:	Notice sent by: <input type="checkbox"/> U.S. Mail	Date Mailed _____
	<input type="checkbox"/> Personal Delivery	Date Delivered _____
Translation/interpretation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify how and when provided: _____		
School/public agency official's signature verifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights.		