INVITATION FOR MEETING

Name of Child: _____ **State Testing Number:** _____
Birthdate: _____ **Age:** ___ **Grade:** _____ **District/Agency:** _____

Date: _____ **To:** _____

We would like to meet to discuss:

	_____ Location of Meeting		_____ Address
On:	_____ Date	at	_____ 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 no later than the beginning of the students 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
General Education Teacher
Special Education Teacher
Administrative Representative

The persons indicated below are invited to attend:

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 _____ _____ _____
Teacher of Record Phone Email

_____ _____ _____ _____ _____
School Street Address/P.O.Box City State Zip

_____ _____
Signature Date