

Dear	

I would like to meet with your child's,	, IEP team to
discuss	, and I would like your input planning
the meeting. This form will help me know when is t	he best time for you to meet, any concerns
you may have, and how I can best meet your child's	needs. I would like to hold the meeting
during the week of	. You are a valued member
of the IEP team. Please complete the portion at the	bottom of this page so that we can
schedule and plan this meeting. I appreciate your s	upport in this process. We are a team and I
am looking forward to working together with you a	nd the rest of the team!
Thanks,	

Circle the days that you are available to meet:

Monday	/	Tuesday	/	Wednesday	/	Thursday	/	Friday
Circle the	tim	e of day th	at is	s best for you t	to n	neet:		

Before School / During the day / After School

Please list any concerns you want to see addressed in the IEP:

Who will be attending the meeting? _____

Any other questions or concerns:

The contents of this handout were developed under a grant from the U.S. Department of Education. However, the content does not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the federal government.

Oklahoma State Department of Education, Special Education Services (405) 521-3351 | http://sde.ok.gov/sde/special-education