

**NOTICE OF INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING**

:Rescheduled

This notice is to be sent to parents of students under 18. If Transition to Adult is listed below, the student must also be invited using this form or the Student Notice. Students 18 and older must receive this notice for all meetings; their parents are sent a copy for informational purposes only.

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_  
School District \_\_\_\_\_ School \_\_\_\_\_  
Parents \_\_\_\_\_ Address \_\_\_\_\_  
Phone(s) Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

An Individualized Education Program (IEP) Team meeting has been scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Meeting purpose:

Additional Information: \_\_\_\_\_

**The following staff are invited to the meeting** (In addition to the parent, the IEP team must include LEA Representative, special education provider, and general education teacher unless an "IEP Team Member Excusal" form is completed and signed by the parent.):

- Case Manager: \_\_\_\_\_
- LEA (District) Representative: \_\_\_\_\_
- School Psychologist: \_\_\_\_\_
- Special Education Teacher: \_\_\_\_\_
- General Education Teacher: \_\_\_\_\_
- Speech-Language Pathologist: \_\_\_\_\_
- School Nurse: \_\_\_\_\_
- Counselor: \_\_\_\_\_
- Representative from District of Residence (if student resides in another district): \_\_\_\_\_
- Other (Interpreter, OT, APE, etc.): \_\_\_\_\_
- Other (Interpreter, OT, APE, etc.): \_\_\_\_\_
- Early Start Service Coordinator (incoming 3 year olds only) : \_\_\_\_\_
- Community agency representative(s): \_\_\_\_\_

If you object to the attendance of any community agency representative, let me know within the next five days. You may invite others who you wish to attend the meeting, but please let me know in advance.

Parents or adult students may decide to send another adult to represent them at the IEP meeting. (Adult students may designate their parents if they choose). Please ask for the SELPA form "Designation of Educational Representative" if you would like someone to represent you on a long-term basis. If you would like someone to represent you for this meeting only, please check the box below. **Parents can invite other individuals to the IEP meeting who have knowledge or special expertise about the student.**

Please check the appropriate box below to indicate your intentions and return one copy of this form by \_\_\_\_\_. The other copy is for your records. Call me if you have any questions/concerns.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT RESPONSE**

- I will attend the meeting.
- I would like to participate as scheduled by phone call. I can be reached at this number: \_\_\_\_\_
- I am not able to attend and would like to reschedule the meeting. Please arrange a new date.
- I authorize this person to represent me at the meeting: \_\_\_\_\_  
(Name and Title—may be parents if adult student designates)
- I will not be able to attend at all. Please hold the meeting, and send the paperwork to me for review/approval.
- I require interpretation services, and I will not be able to bring an interpreter to the meeting. Please provide an interpreter. (Specify: Spanish, Sign Language, etc.): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian/Adult Student/Person Acting as Parent (Specify) \_\_\_\_\_ Telephone \_\_\_\_\_

If you would like a copy of the Parent Guide to Special Education please call the district office. For more information about special education and your rights contact your district special education office.

Copy to:  District Office  Cumulative File  Case Manager  Parent  Student