

SPECIAL EDUCATION MEETING INVITATION

Notice Date: _____

Regarding:					
Student	Last:	First:	M:	ID:	
School:	Disability:		Grade:	Birth Date:	
Parent	Last:	First:	M:	Relationship to Student:	
Address:	City:		State:	Zip:	

Dear: _____ Dear: _____
Parent/Guardian/Surrogate Student

You are invited to a meeting on: _____ at _____
Date Time

Location: _____ Phone: _____
 Address: _____
City, State, Zip

The purpose of this meeting is to conduct:

<input type="checkbox"/> A Review of Existing Evaluation Data Meeting to review existing data and develop an evaluation plan.
<input type="checkbox"/> An Individualized Education Program Team Meeting that will address the following: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <p>Check one of the following:</p> <input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual/Review IEP <input type="checkbox"/> Reevaluation IEP </div> <div style="width: 45%;"> <p>Check all others that apply:</p> <input type="checkbox"/> Change of Placement <input type="checkbox"/> Suspension/Expulsion <input type="checkbox"/> Graduation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Secondary Transition <input type="checkbox"/> Change of Eligibility <input type="checkbox"/> Other: _____ </div> </div>
<input type="checkbox"/> A Nonpublic Services Plan Meeting
<input type="checkbox"/> A Manifestation Determination Review (MDR)
<input type="checkbox"/> An Interim Alternative Educational Setting (IAES) Meeting
<input type="checkbox"/> An IEP Amendment Meeting

If for some reason this date and time is not convenient, please contact me as soon as possible and I will try to reschedule. If you need an interpreter for this meeting, please let me know as soon as possible. You may bring additional people to the IEP meeting if you desire. **Please be prepared to share any information that might be helpful in making these important decisions.**

The school district has asked the following persons to attend this meeting:

Student: _____ School District Rep: _____
Required for transition IEP Required

Multidisciplinary Evaluation Team Representative: _____
Required for initial and all other multidisciplinary evaluations

Special Education Provider: _____
Required

General Education Teacher: _____
Required if student is or will be participating in General Education

Parent/Guardian/Surrogate	Parent/Guardian/Surrogate
Other/Title	Other/Title
Agency Representative	

Sincerely,

NAME/TITLE PHONE