

INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING

Child's Name:

INVITATION TO PARTICIPATE IN THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING OR OTHER MEETING**School Age**

Child's Name:		<i>For LEA Use Only:</i> Date of Receipt of Parental Response to Invitation
Date Sent (mm/dd/yy):		

Name and Address of Parent/Guardian/Surrogate:

Dear		:
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We would like to invite you to an IEP team meeting to talk about special education program and services for your child.

The purpose of this meeting is to: (Check all that apply)

<input type="checkbox"/>	Develop an <i>IEP</i> , if your child is eligible, or continues to be eligible, for special education and related services.
<input type="checkbox"/>	Discuss possible changes in your child's current <i>IEP</i> and revise it as needed.
<input type="checkbox"/>	Transition Planning. If your child will be at least 14 years old during the duration of this <i>IEP</i> , the IEP team will develop postsecondary goals based on transition assessments and transition services to promote movement from school to post school activities. Your child is invited by the school to attend this meeting and is included in the list of invited IEP team members listed below.
<input type="checkbox"/>	Transition Services. If necessary, and with your consent, staff from other public agencies that may be providing or paying for transition services will be invited to IEP team meeting. We are inviting representative(s) from the agency or agencies as listed:
<input type="checkbox"/>	Other:

IEP Team Meeting - Invited IEP Team Members

As the parent, you are a member of your child's IEP team, and we, the Local Education Agency (LEA) want you to attend the IEP team meeting. Listed below are the other team members, including your child, if 14 years or older, that we are inviting. In addition, you may bring other people to the IEP team meeting who have knowledge or expertise regarding your child. If you have any questions or comments about this, please contact the LEA as soon as possible.

Role	Name
LEA Representative	
Special Ed. Teacher	
Regular Ed. Teacher	
Child *	
Teacher of the Gifted **	

Role	Name
Community Agency Rep. ***	
Career/Tech Ed. Rep. ***	
Other	

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* As required by federal and state regulations, the LEA invites your son/daughter to attend the IEP meeting when transition services and postsecondary goals will be considered. Transition services and postsecondary goals may be considered at any age, but must be included in the first *IEP* to be in effect when your child reaches age 14.

** A teacher of the gifted is required when writing an *IEP* for a student with a disability who also is gifted.

*** As determined by the parent and LEA as needed for transition services and other community services

We suggest the following arrangements for the IEP team meeting:

Date:	
Location:	
Time:	

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE:

Please respond to this notice and invitation by checking the appropriate option(s) below and returning this form (by mail or in person) as soon as possible. Please sign and date.

I. My Attendance

- ☐ I will attend the meeting.
- ☐ I will NOT attend the meeting.
- ☐ I wish to attend the meeting, but this time and/or location is not convenient. I prefer to meet at the following date: _____
and time: _____

Please contact me to make alternative arrangements.

II. Accommodations

- ☐ I will need an interpreter.
- ☐ I will need the following accommodations so that I may participate:

SIGN HERE:

Parent/Guardian/Surrogate Signature

Date (mm/dd/yy)

PLEASE RETURN THIS FORM TO:

Name and Title:		Phone:	
Address:			

A copy of the *Procedural Safeguards Notice* is available upon request from your child's school. This document explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

For help in understanding this form, an annotated *Invitation to Participate in the IEP Team Meeting* is available on the PaTTAN website at www.pattan.net. Select the Legal Tab, then select Forms, and choose an age group and a language. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.