

SCHOOL DISTRICT

Department of Special Education

Date: _____

Name

Address

City State Zip

Student: _____

DOB: _____ Gender: _____

ID: _____

Grade: _____ Program: _____

School: _____

Dear _____
Parent/Guardian/Surrogate

Dear _____
Student

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

Location: _____ Phone: _____

Address: _____
city, state, zip

This meeting will be:

An Evaluation Review Meeting to review existing data and develop an evaluation plan in order to determine:
 If your child is eligible/continues to be eligible for special education programs and services. Your input is important and your consent is required.

If you are unable to attend, the evaluation review results will be mailed for your review and approval.

If no additional evaluations are needed to determine that your child is eligible for special education programs and services an IEPT meeting will also be held at this time, if you agree.

A Multidisciplinary Evaluation Team Meeting to review evaluation results and recommend eligibility.

An Individualized Education Program Team Meeting: (check all that apply)

Initial IEP

Post Initial:

Annual IEP

Three Year IEP

Add/Remove/Change

Transition

Manifestation Determination

Behavior Review

Graduation or Age 26

Other _____

The following individuals have been invited to 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

Other/Title

Other/Title

Other/Title

Other/Title

Other/Title

Agency Representative

You and the school district may invite individuals who have knowledge or special expertise regarding your child to the meeting, including a representative of your resident district if your child attends a program operated by another school district. If you have not previously been contacted or if you have any questions, a representative of the school district will explain the purpose of this meeting and the roles and responsibilities of each participant.

If for some reason this time and/or place is not acceptable to you or you are unable to attend the meeting, please contact me and we can make other arrangements. Please contact me if you need an interpreter or translator at the meeting.

Sincerely,

NAME/TITLE

TELEPHONE NUMBER