

NOTICE OF MEETING

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: _____ Date _____ at _____ Time _____

Location: _____ Phone: _____

Address: _____ city, state, zip _____

This meeting will be:

An Evaluation Review Meeting to review existing data and develop and evaluation plan in order to determine:

- If your child needs special education programs/services. Your input is important and your consent is required.
- If your child continues to need special education programs/services. Your input is important and your consent is required.

However, if you are unable to attend, the evaluation review results will be mailed for your review and approval. You will be invited to an IEPT meeting that will be convened at a later date.

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

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

- Initial
- Post Initial:
 - Annual Three Year Evaluation Add/Remove/Change Services 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 3 year 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 may invite individuals of your choice 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,

Attachments: _____ NAME/TITLE TELEPHONE NUMBER