

STAFF NOTICE OF IEP TEAM MEETING

DATE: _____

TIME: _____

PURPOSE: _____

SCHOOL: _____

LOCATION: _____

You are invited to participate in the individualized education program (IEP) meeting, to review and consider the educational needs of the following student:

NAME _____ **DOB** _____ **GRADE** _____

CURRENT PLACEMENT _____

PARENT/GUARDIAN/SURROGATE _____

OTHER PARENT/GUARDIAN _____

TO:

Case Manager: _____

LEA (District) Representative: _____

School Psychologist _____

Special Ed Teacher: _____

Other Special Ed Teachers _____

General Ed Teacher: _____

Speech-Language Pathologist: _____

School Nurse: _____

Counselor: _____

Representative from District of Residence: _____

Other: _____

Early Start Service Coordinator (incoming 3 year olds only) _____

Community Agency Rep: _____

Interpreter: _____

Please note the date, location, and time of this IEP meeting on your calendar. Be prepared to discuss student and provide work samples, grades, attendance data, etc. If you were noted as "Responsible Discipline" on any goals on the last IEP, please bring documentation (as specified in measurement criteria) of progress toward goals. Bring an extra copy for parent(s). Thank you for your support and cooperation.

If you are a required IEP Team member and are not able to attend, please contact me to discuss the "Excusal of IEP Team Member" process. The law requires that the excusal be approved in writing and agreed upon by parent and district prior to the IEP meeting. If your area will be discussed, you will be required to submit written input to the meeting. (IEP team must include LEA Representative, parents, special education teacher or provider, and general education teacher.)

From: _____

Date: _____