

NOTICE OF INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING

This notice is to be sent to parents of students under 18. If Transition to Adult is listed below, the student must also be invited using this form or the Student Notice. Students 18 and older must receive this notice for all meetings; their parents are sent a copy for informational purposes only.

Student Name _____ D.O.B. _____ Date _____
School District _____ School _____
Parents _____ Address _____
Phone(s) Home _____ Cell _____ Work _____ Email _____

An Individualized Education Program (IEP) Team meeting has been scheduled for:

Date: _____ Time: _____ Place: _____

Meeting purpose: _____

Additional Information: _____

The following staff are invited to the meeting (In addition to the parent, the IEP team must include LEA Representative, special education provider, and general education teacher unless an "IEP Team Member Excusal" form is completed and signed by the parent.):

- Case Manager: _____
- LEA (District) Representative: _____
- School Psychologist: _____
- Special Education Teacher: _____
- Other Special Education Teacher(s): _____
- General Education Teacher: _____
- Speech-Language Pathologist: _____
- School Nurse: _____
- Counselor: _____
- Representative from District of Residence (if student resides in another district): _____
- Other (Interpreter, OT, APE, etc.): _____
- Early Start Service Coordinator (incoming 3 year olds only) : _____
- Community agency representative(s): _____

If you object to the attendance of any community agency representative, let me know within the next five days. You may invite others who you wish to attend the meeting, but please let me know in advance.

Parents or adult students may decide to send another adult to represent them at the IEP meeting. (Adult students may designate their parents if they choose). Please ask for the Kern County SELPA form "Designation of Educational Representative" if you would like someone to represent you on a long-term basis. If you would like someone to represent you for this meeting only, please check the box below.

Please check the appropriate box below to indicate your intentions and return one copy of this form in the enclosed self-addressed envelope by _____. The other copy is for your records. Call me if you have any questions/concerns.

Name: _____ Title: _____ Phone: _____

PARENT RESPONSE

- I will attend the meeting.
- I would like to participate as scheduled by phone call. I can be reached at this number: _____
- I am not able to attend and would like to reschedule the meeting. Please arrange a new date.
- I authorize this person to represent me at the meeting: _____
(Name and Title—may be parents if adult student designates)
- I will not be able to attend at all. Please hold the meeting, and send the paperwork to me for review/approval.
- I require interpretation services, and I will not be able to bring an interpreter to the meeting. Please provide an interpreter. (Specify: Spanish, Sign Language, etc.): _____

Parent/Legal Guardian/Adult Student/Person Acting as Parent (Specify) Telephone Date: _____

If you would like a copy of the Parent Guide to Special Education please call the district office. For more information about special education and your rights contact your district special education office.