

**INVITATION TO A MEETING OF THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM (I-1)**

CESA #7, _____ SCHOOL DISTRICT

[If you need this invitation in a different language or communicated in a different way, or have questions about this invitation, please contact _____ at _____.]

Dear _____

Date _____

You are a participant on the IEP Team which will meet to address the educational needs of your child, _____ . IEP team meetings must be held at a mutually agreeable time and place. An IEP team meeting has tentatively been scheduled for the following date _____, time _____ and location _____. If these meeting arrangements are not agreeable to you, please call _____ at _____. You may bring other people who you believe have knowledge or special expertise about your child to the meeting with you. If your child is transferring from a Birth to 3 Early Intervention Program we will, at your request, send to the Birth to 3 coordinator or other representative an invitation to the IEP meeting.

The purpose of this IEP team meeting is (*check all that apply*):

EVALUATION AND REEVALUATION

- Determine initial eligibility for special education
- Determine continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) (*if student is eligible*)

- Develop an initial IEP
- Develop an annual IEP
- Review/revise IEP
- Transition – the consideration of postsecondary goals and transition services
(*required for students beginning at age 14*)

PLACEMENT (*if student is eligible*)

- Determine initial placement
- Determine continuing placement

OTHER

- Review existing information to determine need for additional assessments or other evaluation materials (*meeting optional*)
- Conduct a manifestation determination (*check appropriate boxes under IEP and placement if changes in either are contemplated*)
- Determine setting for services during disciplinary change in placement (*must also check appropriate boxes under IEP & placement*)
- Specify: _____

If transition is checked as one of the purposes of this meeting, your child will be invited to attend. Because you provided your consent we are also inviting representatives from the following agencies who may assist in the transition planning for your child: None

Agency	Name (if known), and Title/Position
--------	-------------------------------------

Agency	Name (if known), and Title/Position
--------	-------------------------------------

If at any point during this meeting you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. Decisions related to the purpose(s) checked above may be made in one meeting or may require more than one meeting, depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

The following individuals have been appointed as IEP team participants and will attend the meeting.

Name/Reg. Ed. Teacher	Name/Sp. Ed. Teacher
-----------------------	----------------------

Name/LEA Representative	Name & Title
-------------------------	--------------

Name & Title	Name & Title
--------------	--------------

Name & Title	Name & Title
--------------	--------------

Name & Title	Name & Title
--------------	--------------

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

- You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.
- A copy of the parent and child rights brochure is enclosed with this invitation.

In addition to district staff, you may also contact _____ at _____ if you have questions about your rights.

Sincerely,

Name and Title of District Contact Person