

CONTRA COSTA SELPA IEP TEMPLATE
INVITATION TO INDIVIDUAL EDUCATIONAL PROGRAM TEAM MEETING/NOTICE OF MEETING

Student Name _____

Date of Birth ____/____/____

Initial Annual Triennial Transition Planning Pre-Expulsion Interim Other _____

Address _____

Dear _____

Today's Date ____/____/____

An Individual Education Program (IEP) Meeting is being arranged to discuss educational program for the student named above. You are invited to attend as a member of the IEP team. Your participation and input are important in the development of an appropriate education and arriving at decisions about your child's education. You have the right to have other individuals present who have knowledge or special expertise about your child. Your child could benefit from participation in the IEP meeting and is invited to attend. If this is the initial IEP meeting and the student was receiving services under Part C through an IFSP, you may request that the district invite the Part C Service Coordinator or other representative. Secondary students age 15 or older should attend the IEP Team meeting. Parents of adult students may also participate in the meeting.

The meeting is scheduled for:

Date _____/_____/_____

Time _____

School / Location _____

Room _____

We anticipate that the following members may also attend

Administrator/Designee
Special Education Teacher
General Education Teacher
Student
Psychologist
Specialist (type) _____

NOTICE: If you wish to audio tape this meeting, you must provide 24 hour notice; we may also audio tape the meeting.

If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:

Name _____

Title _____

School / District _____

Phone _____

Please complete and sign this form, and return to _____

Check the following items, as appropriate:

YES, I plan to attend the meeting.
 YES, I plan to attend the meeting and bring the following additional attendees: _____

 I do not plan to attend the meeting, but I am available by teleconference
 I require assistance of an interpreter. (language) _____
 I request a different time and/or place. Please call me at home (____) _____ work (____) _____
 I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed.

 NO, I cannot attend the meeting, but hereby give my permission for the meeting to be held without me (CFR 300.322d). I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

 NO, I cannot attend, but I will send _____ as my representative to speak for me. I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

Signature _____
 Parent Guardian Surrogate Adult Student

Date ____/____/____