

**NOTICE OF SPECIAL EDUCATION IEP/PLACEMENT MEETING**

Date: \_\_\_\_\_

To: \_\_\_\_\_

**An Individualized Education Program (IEP) Team meeting for your child, \_\_\_\_\_,**

**has been scheduled for Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_**

You are invited and strongly encouraged to participate in this meeting. If you are unable to attend on this date or location, you are encouraged to request to reschedule the meeting. You may also request another method of participation (e.g. conference call).

**The purpose(s) of this meeting is to:**

- Determine or re-determine eligibility
- Consider special education placement
- Develop an Individualized Education Program (IEP), If appropriate
- Review/amend the IEP and/or placement (annual review or other review)
- Consider postsecondary goals and transition Services (prior to entry to high school or age 16)
- Consider the need for reevaluation
- Review the results of recent evaluation(s)
- Consider the need for a functional behavior assessment And/or develop/revise a behavior intervention plan
- Other \_\_\_\_\_

**The following people have been invited to attend the meeting:**

Required members: If any required members are unable to attend, the parent will be notified and asked to provide written consent for excusal.

- |                          | TITLE NAME                               | NAME (optional) |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | LEA Representative _____                 | _____           |
| <input type="checkbox"/> | Special Ed. Teacher _____                | _____           |
| <input type="checkbox"/> | General Ed. Teacher _____                | _____           |
| <input type="checkbox"/> | Student ( if transition to be discussed) |                 |
| <input type="checkbox"/> | _____                                    | _____           |
| <input type="checkbox"/> | _____                                    | _____           |

**Additional members who may attend:** These members do not require an excusal.

- |                          |       |                          |       |
|--------------------------|-------|--------------------------|-------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

If transition is being discussed and another agency is likely to be providing or paying for services, a representative from that agency will be invited with the consent of parent or student, if age 18 or older. For children previously served in Babie’s Can’t Wait, you may request a representative of that agency to assist with transition services. You may also invite other individuals who have knowledge or special expertise regarding your child. If you are unable to attend the IEP meeting, a copy of the IEP will be mailed to you..

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone/Email  
**FORM N1**

**PLEASE COMPLETE AND RETURN THIS SECTION TO YOUR CHILD'S TEACHER OR SCHOOL**

Child's Name: \_\_\_\_\_

I will attend the meeting as scheduled on \_\_\_\_\_.

I would like to reschedule the meeting or arrange for an alternate means of participation.

Please contact me at \_\_\_\_\_.

I am unable to attend the meeting. The meeting may proceed without me. I understand that I will receive a copy of the IEP and any other documents. I can have these documents explained to me if I request the system to explain them.

I consent to the invitation of the agency representative listed that is likely to be responsible for providing or paying for transition services.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone / Email