Parent Notification of Special Education
IEP/Placement/Eligibility Committee Meeting

This notice is sent to parents 7-10 days prior to the meeting date. Every effort should be made to schedule the meeting cooperatively with the student’s parent(s). Confirmation of the parent’s attendance should be obtained.

NOTICE OF INVITATION TO COMMITTEE MEETING

To: ___________________________________ Date: ____________________________

You are invited to a meeting to discuss your child’s education services and program. Your participation is very important! We encourage you to participate in this committee meeting. Please let us know if you would like us to reschedule this meeting to a more convenient time that will permit you to attend. A copy of the Procedural Safeguards is included with this letter. You may be accompanied to this meeting by a third party if you wish. If you choose to bring a third party, we request three days’ notice before the meeting.

TIME: _______________________________ DATE: __________________________
LOCATION: __________________________

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

Child Find, Evaluation, and Eligibility Determination
☐ To determine if your child needs a comprehensive evaluation and to plan the initial evaluation.
☐ To discuss your child’s evaluation and to determine if your child is eligible for special education.
☐ To determine if your child needs additional assessment for reevaluation and to plan the reevaluation.
☐ To discuss your child’s reevaluation and to determine if your child continues to be eligible for special education.

Individualized Education Program [IEP]
☐ To develop an initial or annual IEP for your child.
☐ To review your child’s IEP and to revise it, if necessary.
☐ To develop or revise your child’s transition plan.
☐ To determine if your child needs Extended School Year (ESY) services.

Other
☐ To determine your child’s most appropriate placement.
☐ To discuss disciplinary actions.
☐ To conduct a manifestation determination.
☐ To develop, review, or revise a behavior support plan.
☐ Other: ____________________________

Other people who have been invited to this meeting include:

<table>
<thead>
<tr>
<th>Agency Representative:</th>
<th>Other:</th>
</tr>
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<tbody>
<tr>
<td>General Education Teacher:</td>
<td>Other:</td>
</tr>
<tr>
<td>Special Education Teacher:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

☐ Notice of Invitation to Committee Meeting Reply.
☐ Procedural Safeguards Notice.
☐ Other: ____________________________

Please respond to this Notice of Invitation to Committee Meeting by completing the Notice of Invitation to Committee Meeting Reply letter included and returning within 5 days. If you have any additional questions or concerns, please contact me using the number below.

Sincerely,

____________________________________ Phone Number: ____________________________

Name and Title

02/01/17 Special Education: Organization of Educational Records Policy XII.10.B

NOTICE OF INVITATION TO COMMITTEE MEETING REPLY

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Purpose of Meeting</th>
<th>Date Sent/Given</th>
</tr>
</thead>
</table>
Please verify your response below and return to the person listed at the bottom of the page within five (5) days.

☐ I will attend the meeting at the scheduled time.

☐ I want to come, but I cannot attend the meeting at the scheduled time. Please contact me at
(Telephone number) __________________________ to make other arrangements. I am available
for the following:

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Time(s)</th>
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☐ I will not be able to attend the meeting in person, but would like to participate via telephone.
Please contact me at (Telephone number) __________________________ at the scheduled meeting time
or at the following times/date(s):

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<tr>
<th>Date(s)</th>
<th>Time(s)</th>
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☐ I will not be attending the meeting and you have my permission to proceed in my absence. I
understand that I will receive a copy of the committee recommendations.

__________________________
Parent Signature

__________________________
Date

Please return this form to:

NAME & TITLE:

SCHOOL:

ADDRESS:

TELEPHONE NUMBER:

RECEIPT VERIFICATION:

<table>
<thead>
<tr>
<th>Method of Verification</th>
<th>Date Verified</th>
<th>By Whom?</th>
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02/01/17  Special Education: Organization of Educational Records  Policy XII.3.B