# Special Education Department
# INVITATION TO AN IEPT MEETING

# INVITATION

**INVITATION DATE** ____ / ____ / ____

Dear Parent/Guardian of: _____ _____

You are cordially invited to your child's Individual Educational Planning Team Meeting (IEPT).

The meeting has been ☐ SCHEDULED ☐ RESCHEDULED for:

| **Date** | **Time** | **Place** |
|---|---|---|
| | | |

If the date, time or place of this meeting is not acceptable to you, please contact, AS SOON AS POSSIBLE:

**AT THIS IEPT MEETING WE WILL (check all boxes that apply):**

- ☐ **DETERMINE INITIAL ELIGIBILITY** for special education, if appropriate, develop an Individualized Education Program (IEP) and recommend an appropriate placement.
- ☐ **REVIEW/REVISE** the current Individualized Education Program (IEP). (required every 12 months).
- ☐ **REDETERMINE ELIGIBILITY** for special education, and, if necessary, revise the current IEP (required every 3 years).
- ☐ **IDENTIFY/REVIEW** the student's transition ***needs*** (Required before or beginning at age 14)
- ☐ **IDENTIFY/REVIEW** the student's needed ***transition services*** (Required beginning at age 16)
- ☐ **OTHER:** _____

| **THESE PEOPLE ARE ALSO INVITED TO ATTEND THIS MEETING:** | NAME | TITLE |
|---|---|---|
| A representative of the school, other than your child's teacher, who is qualified to supervise or provide special education programs/services. | | |
| Your child's special education, regular education teacher(s), or both, who have a direct responsibility for your child's IEP, | | |
| Member(s) of the Multi-disciplinary Evaluation Team (MET) who have evaluated or reevaluated your child's eligibility for special education. (required only for initial eligibility and redetermination eligibility IEPs) | | |
| Where appropriate, the student: (Recommended for age 14 students and older, or if transition is meeting purpose) | | |
| Other individuals and their titles. (If student is age 16 or older, this may include representatives of agencies that may be likely to provide/pay for transition services) | | |
| You may also invite someone who has knowledge or special expertise regarding your child to accompany you to this meeting. | | |

If this is a **REDETERMINATION OF ELIGIBILITY IEPT,** and the district in which you live is not operating the programs and services your child is now receiving, you may invite a representative of your resident district to this meeting.

**YOUR INPUT WILL BE VALUABLE AT THIS MEETING.** All participants are asked to bring any information that will help the IEPT review your child's current level of educational performance and determine educational needs.

Please note the **PARENT RIGHTS AND DUE PROCESS INFORMATION** included with this invitation.

Sincerely,

_____ _____

Operating District Superintendent or Designee | Title