MISD **Department of Center Programs**

INVITATION TO AN IEPT MEETING

INVITATION

INVITATION DATE ____ / ____ / ____

Dear Parent/Guardian and: _____ _____

You are cordially invited to your/your student'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 at least one of the first three as primary):

☐ **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 change of disability 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