

Student:	Student UID#	DOB:
School:	Grade:	Age:

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INV	ITATION TO IEP	TEAM MEETING	
	Parent/Guardian	Student	
Dear:			
student. You may also bring a	nother person(s) who has	n meeting to discuss the unique needs sknowledge or expertise about the un litional participants, it is helpful in mak	ique needs.
Date:	Time:	Location:	
The purpose(s) listed below Discuss the special education Discuss evaluation results to Discuss, develop, review an Discuss educational placem Other:	on referral for an initial evo o determine eligibility for s d/or revise the individuali	aluation or reevaluation special education and related services	\$
		re expected to attend the meeting: (annual if any of the below participants are	
LEA Representative General Education Teacher	Special Education Tead Interpreter of Instruction	cher nal Implications of Evaluation Results	
Other participants expected	to attend the meeting:		
		he meeting are: (Consent to invite aquing to discuss transition services)	gency
If you are unable to attend or v	would prefer to participate	be rescheduled to a mutually agreeable by alternative means, those details or eschedule or arrange alternate mear	can be
EC Case Manager: Email:		School: Phone:	



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RESPONSE TO INVITATION

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Please respond to this notice by checking the appropriate option below and return to the student's EC Case Manager prior to the meeting.		
☐ I will attend the meeting as scheduled.		
☐ I will participate in this IEP Team meeting by phone or other means. I can be reached at the phone number listed below on the date/time proposed above. Phone: ()		
☐ I cannot attend or participate in the meeting at this time. I will contact the EC Case Manager to arran a mutually agreed upon time.	ge	
☐ I do not wish to attend the meeting.		
Signature: Date:/		
C: EC File, Parent/Guardian Student ID#:		