INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING (ANNOTATED) Child's Name Date of Birth Child's Name: Date Sent (mm/dd/yy): The form can be issued at any time before the meeting, but it must be given to the parent early enough to ensure that the parent has an opportunity to attend. If an Evaluation Report is issued, the parent has up to 10 calendar days to review the Report before the IEP meeting. Name and Address of Parent/Guardian/Surrogate: For Use by Local Education Agency (LEA) Only: Date of Receipt of Parental Response to Invitation Enter the date received. The date must be prior to the IEP meeting. Dear We would like to invite you to a meeting to talk about special education programs and services for your child. The purpose of this meeting is to: (Check all that apply) Discuss the results of the team evaluation of your child. An Individualized Education Program (IEP) will be developed at the meeting. Discuss your child's current IEP to review and revise it as needed. Other:

The invitation is issued to invite the parents to a meeting to discuss Early Intervention services and supports. This section clarifies the reasons for the meeting. Three options are listed above:

- Box 1: If an IEP is being developed for the first time for a child then eligibility as determined from the
 Evaluation Report and IEP development can be discussed at an IEP meeting. An IEP document and a Notice
 of Recommended Educational Placement (NOREP) will result).
- Box 2: If an IEP is being reviewed or revised.
- Box 3: Other meetings related to Early Intervention services and supports. If other meeting is checked, the type of meeting must be explained. Examples of other meetings could be when the IEP team decides to meet to review the need for additional data or to discuss the child's progress.

Child's Name IEP Team Meeting	g – Invited IEP Team Members	Date of Birth	<u> </u>
As the parent, you below are the othe	are a member of your child's IEP team, and ream members we are inviting. In addition expertise regarding your child. If you have	on, you may bring other pe	eople to the meeting who
Name	Role	Name	Role
	Parent		Other
	LEA Representative		
	General Ed. Teacher		
	Special Ed. Teacher/ Provider		
	Other		
and supports. If the DIRECTIONS FOR Please respond to	ly encouraged to participate in any meetin is date, time or location is not convenient R PARENT/GUARDIAN/SURROGATE: this notice by checking the appropriate op s possible. Please sign and date.	for parents, check the thir	rd box below.
I. My At	tendance		
I will	attend the meeting.		
I will	NOT attend the meeting.		
at	n to attend the meeting, but this time and/other following date: and time: se contact me to make alternative arrange		ent. I prefer to meet
Examples of altern	ate arrangements are individual or group	phone conference calls o	r video conferences.
	mmodations need an interpreter.		
☐ I will	need the following accommodations to be	made so that I may parti	cipate. Please list:

INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING (ANNOTATED) Child's Name ______ Date of Birth______ SIGN HERE: Parent/Guardian/Surrogate Signature Date (mm/dd/yy) PLEASE RETURN THIS FORM TO: Name and Title: ______ Phone Number: ______ Address: _______

A copy of the *Procedural Safeguards Notice* explaining your rights is available upon request from your child's Early Intervention program.

For help in understanding this form, an annotated *Invitation to Participate in the IEP Team Meeting* is available on the PaTTAN website at www.pattan.net. Type "Annotated Forms" in the Search feature on the website.