

INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING (ANNOTATED)

Child's Name _____

Date of Birth _____

*****Early Intervention

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.*

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IEP Team Meeting – Invited IEP Team Members

As the parent, you are a member of your child's IEP team, and we want you to attend the IEP meeting. Listed below are the other team members we are inviting. In addition, you may bring other people to the meeting who have knowledge or expertise regarding your child. If you have any questions or comments about this, please contact me as soon as possible.

Name	Role
	Parent
	LEA Representative
	General Ed. Teacher
	Special Ed. Teacher/ Provider
	Other

Name	Role
	Other

We suggest these arrangements for the meeting:

Date &

Time : _____

Location: _____

Parents are strongly encouraged to participate in any meeting regarding their child's Early Intervention services and supports. If this date, time or location is not convenient for parents, check the third box below.

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE:

Please respond to this notice by checking the appropriate option(s) below and returning this form (by mail or in person) as soon as possible. Please sign and date.

I. My Attendance

☐ I will attend the meeting.

☐ I will NOT attend the meeting.

☐ I wish to attend the meeting, but this time and/or location is not convenient. I prefer to meet at the following date: _____
and time: _____

Please contact me to make alternative arrangements.

Examples of alternate arrangements are individual or group phone conference calls or video conferences.

II. Accommodations

☐ I will need an interpreter.

☐ I will need the following accommodations to be made so that I may participate. Please list:

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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.