

**CONTRA COSTA SELPA IEP TEMPLATE**  
**INVITATION TO INDIVIDUAL EDUCATIONAL PROGRAM TEAM MEETING/NOTICE OF MEETING**

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_

Initial    Annual    Triennial    Transition Planning    Pre-Expulsion    Interim    Other \_\_\_\_\_

**Address** \_\_\_\_\_

**Dear** \_\_\_\_\_ **Today's Date** \_\_\_/\_\_\_/\_\_\_

An Individual Education Program (IEP) Meeting is being arranged to discuss educational program for the student named above. You are invited to attend as a member of the IEP team. Your participation and input are important in the development of an appropriate education and arriving at decisions about your child's education. You have the right to have other individuals present who have knowledge or special expertise about your child. Your child could benefit from participation in the IEP meeting and is invited to attend. If this is the initial IEP meeting and the student was receiving services under Part C through an IFSP, you may request that the district invite the Part C Service Coordinator or other representative. Secondary students age 15 or older should attend the IEP Team meeting. Parents of adult students may also participate in the meeting.

**The meeting is scheduled for:**

**Date** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_

**School / Location** \_\_\_\_\_ **Room** \_\_\_\_\_

**We anticipate that the following members may also attend**

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Administrator/Designee    | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Student                   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Psychologist              | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Specialist (type) _____   | <input type="checkbox"/> _____ |

**NOTICE:** If you wish to audio tape this meeting, you must provide 24 hour notice; we may also audio tape the meeting.

**If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**School / District** \_\_\_\_\_ **Phone** \_\_\_\_\_

Please complete and sign this form, and return to \_\_\_\_\_

**Check the following items, as appropriate:**

- YES, I plan to attend the meeting.
- YES, I plan to attend the meeting and bring the following additional attendees: \_\_\_\_\_
- \_\_\_\_\_
- I do not plan to attend the meeting, but I am available by teleconference
- I require assistance of an interpreter. (language) \_\_\_\_\_
- I request a different time and/or place. Please call me at home (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_
- I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed.

NO, I cannot attend the meeting, but hereby give my permission for the meeting to be held without me (CFR 300.322d). I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

NO, I cannot attend, but I will send \_\_\_\_\_ as my representative to speak for me. I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

**Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

- Parent    Guardian    Surrogate    Adult Student