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

Child’s Name:

INVITATION TO PARTICIPATE IN THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING OR OTHER MEETING (ANNOTATED) School Age

ANNOTATION:
The Invitation to Participate in the Individualized Education Program (IEP) Team Meeting or Other Meeting is issued to invite the parents and the student, if the student turns 14 years old during the duration of this IEP, to a meeting to discuss special education programs and services. For students who are age 14 or older, the IEP team also must consider transition services and postsecondary goals.

Child’s Name: ____________________________
Date Sent (mm/dd/yy): ____________________________
Name and Address of Parent/Guardian/Surrogate:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For LEA Use Only:
Date of Receipt of Parental Response to Invitation

Dear ____________________________:

We would like to invite you to an IEP team meeting to talk about special education programs and services for your child.

The purpose of this meeting is to: (Check all that apply)

☐ Develop an IEP if your child is eligible, or continues to be eligible, for special education and related services.

☐ Discuss possible changes in your child’s current IEP and revise it as needed.

☐ Transition Planning. If your child will be at least 14 years old during the duration of this IEP, the IEP team will develop postsecondary goals based on transition assessments and transition services to promote movement from school to post school activities. Your child is invited by the school to attend this meeting and is included in the list of invited IEP team members listed below.

☐ Transition Services. If necessary, and with your consent, staff from other agencies that may be providing or paying for transition services will be invited to IEP team meeting. We are inviting representative(s) from the agency or agencies as listed: _________________________________________________________________

☐ Other _________________________________________________________________

ANNOTATION:
This section explains different purposes for an IEP team meeting to be convened.
• Box 1: The IEP team will develop an IEP when the child is eligible for special education and related services initially, or if the child continues to be eligible for special education and related services.
• Box 2: The IEP team will discuss possible changes to the child’s current IEP and make revisions as needed.
• Box 3: If the child turns 14 during the duration of this IEP, the IEP team will address transition planning and consider postsecondary goals based on transition assessments and transition services to promote the child’s movement from school to post school activities.
• Box 4: If the child turns 14 during the duration of this IEP, the IEP team must consider transition services. Staff from other public agencies that may be providing or paying for transition services will
be invited to the IEP team meeting. The public agency or agencies will be listed on the Invitation and parents have the right to not give consent to the LEA to invite the agency representative to the IEP team meeting.

- Box 5 (Other): If “Other” 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 evaluation data, discuss the child’s lack of expected progress toward annual goals and/or in the general education curriculum, and/or to consider information about the child provided to and by the parent.

LEAs must invite the student to the IEP team meeting if he/she will be 14 years old during the duration of this IEP and when transition planning is being discussed as part of the IEP. Federal and state laws allow transition planning to take place earlier than age 14 when it is determined to be appropriate by the IEP team.

This form provides documentation that the student was invited to the IEP team meeting.

IEP Team Meeting - Invited IEP Team Members

As the parent, you are a member of your child’s IEP team, and we, the Local Education Agency (LEA) want you to attend the IEP team meeting. Listed below are the other team members, including your child, if 14 years or older, that we are inviting. In addition, you may bring other people to the IEP team meeting who have knowledge or expertise regarding your child. If you have any questions or comments about this, please contact the LEA as soon as possible.

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEA Representative</td>
<td></td>
<td>Community Agency Rep. ***</td>
<td></td>
</tr>
<tr>
<td>Special Ed. Teacher</td>
<td></td>
<td>Career/Tech Ed. Rep. ***</td>
<td></td>
</tr>
<tr>
<td>Regular Ed. Teacher</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Child *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher of the Gifted **</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* As required by federal and state regulations, the LEA invites your son/daughter to attend the IEP team meeting when transition services and postsecondary goals will be considered. Transition services and postsecondary goals may be considered at any age, but must be included in the first IEP to be in effect when your child reaches age 14.

** A teacher of the gifted is required when writing an IEP for a student with a disability who also is gifted.

*** As determined by the parent and LEA as needed for transition services and other community services.
INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING (ANNOTATED)

Child’s Name:

ANNOTATION:
The purpose of this section is to inform parents of the IEP team participation. The required team members for an IEP meeting are as follows:

- The parents of the child;
- Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;
- A representative of the LEA who -
  (a) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
  (b) is knowledgeable about the general education curriculum; and
  (c) is knowledgeable about the availability of resources of the public agency;
- An individual who can interpret the instructional implications of evaluation results, who may already be a member of the team in some other capacity;
- At the discretion of the parent or the LEA, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- Whenever deemed appropriate, the child with a disability.

As required by federal and state regulations, the LEA must invite the child to attend the IEP team meeting when transition services and postsecondary goals will be considered as part of his/her IEP. The LEA also must invite a representative from other public agencies, if that agency will be responsible for providing or paying for transition services. The involvement and collaboration with other public agencies can be helpful in planning and providing resources for transition services. The name of that representative would be listed as an IEP team participant. If the outside public agency is solely fiscally responsible for the payment of services, then parental consent is required and the parent may refuse to provide consent to the LEA to invite the other public agency representative.

We suggest the following arrangements for the IEP team meeting:

Date: ________________________________
Location: __________________________________________________
Time: ________________________________

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE:
Please respond to this notice and invitation 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.
II. Accommodations

☐ I will need an interpreter.

☐ I will need the following accommodations so that I may participate:

_____________________________________________________________________________

ANNOTATION:
The LEA must take reasonable steps to ensure that one or both of the parents of a child with a disability are present at each IEP team meeting including notifying the parents of the meeting early enough to ensure they will have an opportunity to attend, and scheduling the meeting at a mutually agreed upon time and place. The LEA must also make reasonable accommodations to ensure parental participation, including arranging an interpreter for parents with deafness or whose native language is other than English.

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 is available upon request from your child’s school. This document explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

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. Select the Legal Tab, then select Forms, and choose an age group and a language. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.