

**SANTA CLARA COUNTY
NOTICE OF MEETING
INDIVIDUALIZED EDUCATION PROGRAM**

- Initial Annual Triennial Transition Planning Pre-Expulsion Interim Expanded
 Other _____

Student's Name _____ Birthdate ____ / ____ / ____

Address: _____

Today's Date: _____

Dear _____

An Individual Education Program (IEP) Meeting has been scheduled for your child. Your participation is important in the development of an appropriate education for your child. Your child could benefit from participation in the IEP Meeting and is invited to attend. Secondary students age 15 or older should attend the IEP meeting. You may bring someone with you to the meeting. If this is your child's initial IEP meeting and your child was receiving services under Part C, through an IFSP you may request that the district invite the Part C Service Coordinator or other representative.

You are requested to attend this meeting as a participating member of the IEP team. The meeting is scheduled for:

Date: _____ Time: _____
School/Location: _____ Room: _____

We anticipate that the following members will also attend:

Administrator/Designee: _____	Other: _____
Special Education Teacher: _____	Other: _____
General Education Teacher: _____	Other: _____
Student: _____	Other: _____
Psychologist: _____	Other: _____
Specialist: _____	Other: _____

NOTICE: If you wish to audio tape this meeting, you must provide 24-hour notice; we will 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:

- I plan to attend the meeting I do not plan to attend the meeting, but am available by teleconference
- I require assistance of an interpreter: _____
Language _____
- Please list any additional attendees: _____
- 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.

Signature _____ Date ____ / ____ / ____

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 ____ / ____ / ____