Individual Educational Plan (IEP) Meeting Notice Date of Notice: School: Student Information: (Name) (Student ID) (DOB) Dear Parent/Guardian: As the parent/guardian of a student with a disability, you have the right and are encouraged to participate in meetings regarding the exceptional education and placement of your son/daughter as specified in State Board of Education Rules 6A-6.03028, Florida Administrative Code (F.A.C.) and Section 300.501 of Title 34 of the Code of Federal Regulations (34 CFR §300.501). You are invited to participate in a meeting to discuss your child at the date, time, and place noted below. You may bring another person(s) with knowledge or specific expertise regarding your student to the meeting. The meeting date has been scheduled for (date) at (time) The purpose(s) of the meeting is/are: Note: Beginning at age 14, or younger if determined appropriate by the IEP team, the student will be invited to the meeting. Depending on the services provided, a purpose of the meeting may be indentifying the student's transition services needs. Beginning at age 16, or younger if determined appropriate by the IEP team, a purpose of the meeting may be consideration of the student's post-secondary goals and transition services. The following individuals have been/will be invited to attend (X): Required IEP Team Participants Other Invited IEP Team Participants Parent(s): *Student **General Education Teacher ESE Teacher/ ESE Provider Local Educational Agency Representative Interpreter of Instructional Implications of Evaluation Results Other: Required beginning at age 14 ** Required for students who are or may be participating in the general education environment The school district requests that the IEP team member(s) indicated with an "A" above not be required to attend the meeting because their area(s) of curriculum or related service is/are not being modified or discussed in this meeting. If you agree, please indicate on page 2. The school district requests that the IEP team member(s) indicated with an "C" above be excused from attending the meeting. Their area(s) of curriculum or related service is/are being modified or discussed in this meeting, but written input [] is included with this notice [] will be provided prior to the meeting. If you consent, please indicate on page 2. As a parent of a student with a disability, you have specific rights and protections which are described in the Notice of Procedural Safeguards for Parents of Students with Disabilities. A copy of the procedural safeguards is attached or has been provided to you in the following way: Should you want additional copies or assistance in understanding your rights, please contact either of the sources listed below:

If the meeting date, time, or place is not convenient for you, please contact us to make alternative, mutually agreeable arrangements.

Please respond by returning the second page of this form to your child's school.

Sincerely,

Enclosure: Procedural Safeguards

Parents of eligible students may choose to request a McKay Scholarship to (1) keep their child in the same school; (2) enroll their child in another public school within the same district; (3) enroll their child in another public school in an adjacent district; (4) enroll their child in a participating private school and receive a scholarship. Information is available on the Department of Education's website at -www.floridaschoolchoice.org or telephone at 1-800-447-1636.

Individual Educational Plan (IEP)

	Meeting No	otice	
Date of Notice: School	ol:		
Student Information:		<u> </u>	
(Name)	(Student ID)	(DOB)	
The meeting date has been scheduled for (date)	at (time)	in/at (location)	
The purpose(s) of the meeting is/are:			
The following individuals have been/will be invited to atter	nd (X):		
Required IEP Team Participants		Other Invited IEP Team Participants	
Parent(s):			
*Student			
**General Education Teacher			
ESE Teacher/ ESE Provider			
Local Educational Agency Representative	e		
Interpreter of Instructional Implications of Evaluation Results			
Other:			
IEP Team Member Participation			
Pursuant to 34 CFR §300.321(e), a member of the IEP t written agreement or consent of the parent.	team may not be required to a	ttend the meeting or may be excused f	rom attending the meeting with the
The school district requests that the following member(s)	not be required to attend the	mosting because their area(s) of curric	culum or rolated convices is/are not
being modified or discussed. Please check one, if applica		meeting because their area(s) or curric	diditi of related services is/are not
☐I agree that attendance is not required.☐I do not agree that attendance is not required.			
	a averaged from the IED Toom		and the decomples of the land
The school district requests that the following members b modified or discussed in this meeting. Please check one,		i meeting; their area(s) of curriculum or	related services is/are being
I consent to this/these excusal(s).			
I do not consent to this/these excusal(s).			
Outside Agency Representatives			
Pursuant to 34 CFR §300.321(b) (3), your consent is requ	uired to invite an outside ager	cy representative to the IEP team mee	ting. Please indicate your consent fo
the individuals/agencies listed below to be invited and pa	rticipate in this meeting. Pleas	se check one, if applicable:	
☐I consent to invite the representative(s) to attend	d this IEP team meeting.		
I do not consent to invite the representative(s) to	_	ng.	
Meeting Participation (Please check all that apply)			
I will attend at the scheduled date and time. I plan	to bring:	Title/Role:	
I will not be able to attend at the scheduled date a Time:	nd time. I would like to resche	dule. I am available at the following dat	te and time: Date:
I will not be able to attend and understand the mee	 eting will be held as scheduled	d. I give my permission for the meeting	to take place without me.
☐ I will not be able to attend, but would like to partici	<u> </u>	• • • •	·
☐ I will not be able to attend; please call me for input	regarding my child. Please c	ontact me at the following number:	
I need a foreign/sign language interpreter for the following language/mode of communication:			
I wish to provide written input regarding my child: (
Signature of Parent/Guardian/Surrogate Parent	Contr	act Phone	Date
orginatare of Farenti Guardian/Guiroyate Farent	COIIL	10t 1 110116	Date

PEER Downloadable Form (Rev. 1/11)