



**Services Plan (SP)**

**Meeting Notice**

Date of Notice: \_\_\_\_\_ School: \_\_\_\_\_

Student Information: \_\_\_\_\_  
 (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 attend (X):

Required SP Team Participants	Other Invited SP Team Participants
Parent(s):	
*Student	
**General Education Teacher	
ESE Teacher/ ESE Provider	
Local Educational Agency Representative	
Interpreter of Instructional Implications of Evaluation Results	
Private School Representative	
Other:	

**SP Team Member Participation**

Pursuant to 34 CFR §300.321(e), a member of the SP team may not be required to attend the meeting or may be excused from attending the meeting with the written agreement or consent of the parent.

The school district requests that the following member(s) not be required to attend the meeting because their area(s) of curriculum or related services is/are not being modified or discussed. Please check one, if applicable:

- I agree that attendance is not required.  
 I do not agree that attendance is not required.

The school district requests that the following members be excused from the SP Team meeting; their area(s) of curriculum or related services is/are being modified or discussed in this meeting. Please check one, if applicable:

- 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 required to invite an outside agency representative to the SP team meeting. Please indicate your consent for the individuals/agencies listed below to be invited and participate in this meeting. Please check one, if applicable:

- I consent to invite the representative(s) to attend this SP team meeting.  
 I do not consent to invite the representative(s) to attend this SP team meeting.

**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 and time. I would like to reschedule. I am available at the following date and time: Date: \_\_\_\_\_ Time: \_\_\_\_\_
- I will not be able to attend and understand the meeting will be held as scheduled. I give my permission for the meeting to take place without me.
- I will not be able to attend, but would like to participate by telephone. Please contact me at the following number: \_\_\_\_\_
- I will not be able to attend; please call me for input regarding my child. Please contact 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: (please attach)

Signature of Parent/Guardian/Surrogate Parent

Contact Phone

Date