**NOTICE OF SPECIAL EDUCATION IEP/PLACEMENT COMMITTEE MEETING**

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| Date: |  |

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| Dear Parent/Legal Guardian of |

There will be a meeting of the Special Education Individualized Education Program (IEP) / Placement Committee concerning your child held

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| **Date** |  | **Time** |  | **Location** | Sawnee Elementary |

The purpose of this meeting will be to:

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|  | Review/amend the IEP and/or placement (annual review or other review) |
|  | Consider data needed for reevaluation (within 3 years of placement) |
|  | Consider the need for a functional behavior assessment and/or develop/revise a behavior improvement plan |
|  | Review the results of recent evaluations |
|  | Determine or re-determine eligibility |
|  | Consider special education placement in the least restrictive environment |
|  | Develop an Individualized Education Program (IEP), if appropriate |
|  | Consider post secondary goals and transition services (prior to entry to high school or age 16) |
|  | Other: |

The following people have been invited to attend the meeting:

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| --- | --- | --- | --- | --- | --- |
| **Required Members:**  If any required members are unable to attend, the parent will be notified and asked to provide written consent for excusal. | |  | **Additional members who may attend**:  These members do not require an excusal. | |  |
| **Title** | **Name (optional)** | | **Title** | **Name (optional)** | |
| **LEA Representative** |  | |  |  | |
| **Special Ed Teacher** |  | |  |  | |
| **General Ed Teacher** |  | |  |  | |
| **Parent** |  | |  |  | |

Contact your child’s case manager if you need assistance with child care in order to attend the IEP meeting. If transition is being discussed and another agency is likely to be providing or paying for services, a representative from that agency  will be invited with

the consent of parent or student, if age 18 or older.  For children previously served in Babies Can’t Wait, you may request a

representative of that agency attend to assist with transition services. You may also invite other individuals who have knowledge or

special expertise regarding your child.  If you are unable to attend the IEP meeting, a copy of the IEP will be sent to you.

Please notify the school three days in advance if you plan to bring others to the meeting. Your child will be invited to attend

the meeting at age 16 or older when transition is discussed. If you would like more information about this meeting or would

like the date and/or time changed, please contact your child’s teacher or principal.

Sincerely,

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |

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| **PLEASE COMPLETE AND RETURN THIS SECTION TO YOUR CHILD’S TEACHER by** |

|  |  |
| --- | --- |
| Student |  |

\_\_\_\_\_ I will attend the meeting

\_\_\_\_\_ I would like to attend the meeting but can’t at this time/date.

The following two dates and times are convenient for me: Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date? Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I will NOT attend the meeting. I understand I will receive a copy of the IEP and any other documents.

\_\_\_\_\_ I will attend the meeting and have agreed to waive my ten day notice for this meeting.

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**Parent/Guardian Email/Phone Date**