Notice of IEP Meeting

Notice Date:					
Explanation of Procedural Safeguards was					
included with one or more notices related to	☐ Yes	□ No			
this meeting.					
Parent 1:					
Parent 2:					
Staff Member:					
Position:					
Campus:					
Notice Delivery Method					
☐ Sent ☐ Given	☐ Mailed	☐ E-mailed			
We would like to invite you to attend an Individ					
discuss educational programming for	We encourage	you to attend this			
meeting as your involvement is an important pa					
being discussed, it is a change of placement and					
for services under IDEA and graduation with a re	•	a terminates			
entitlement to the foundation schools program	benefits.				
Meeting Date:					
Meeting Time:					
Meeting					
Location/Room:					
The purpose of the meeting is to (choose all tha					
Discuss, at your request, any educational or	·				
☐ Initiate special education services if your chi	• ,				
Review your child's program (including results of any new evaluations)					
☐ Develop and/or review the Individual Education Program (IEP) for your child ☐ Consider Extended School Year Service					
☐ Consider Extended School Year Service☐ Consider Transition Services/Other Post-Secondary Needs					
☐ Graduation/Dismissal					
☐ Other					
Why action proposed:					
Options considered before proposing this meeting:					
☐ Parent/Teacher Conference					
☐ Continue to rely on previous evaluation/eligibility					
☐ Continue to rely on current placement/IEP					
☐ Continue current elements of FAPE					
☐ Other 1:					
☐ Other 2:					

Why options were rejected:					
- 1 1:					
The district will invite the stude	ent to this meeting:	☐ Yes		□ No	
The following persons have been	en asked to participa	ate in this me	eting/disc	ussion: (refer to the	
Notice Response Form for addi	•			· 	
☐ Parent/Adult Student	☐ Special Educat Representative		☐ Othe	er 1:	
☐ Instructional	☐ Assessment/E		☐ Othe	er 2:	
Representative	Staff Personne				
☐ School Administrator	☐ CTE Represent	ative	☐ Othe	er 3:	
☐ LPAC Representative	☐ Interpreter		□ Othe	er 4:	
The following agencies have be	een invited to send a	representati	ve to this r	neeting:	
☐ Department of Assistive an				gency (LEA)	
Services					
☐ Texas Commission for the E	☐ Texas Department of Human Services (TDHS)				
☐ Texas Employment Commis	☐ Department of Family and Protective Services				
Part C service coordinator/representative per parent request:		□ Yes		□ No	
Date Part C was invited:					
The following evaluation proce	dures, tests, records	s, or reports v	vill be revi	ewed and discussed:	
Full and Individual Evaluation (FIE) (e.g., language, physical, emotional/behavioral, sociological, intellectual, educational performance)					
☐ School permanent records (e.g., grades, attendance reports, teachers' observation,					
achievement test scores, discipline reports)					
☐ Independent evaluation report					
Parent information					
Other:					
Other factors relevant to this IEP Committee Meeting:					
Return Location:					

Notice of IEP Meeting: Parent Response Form

Student ID:	Student Nam	e:		Age:		Date	of Birth	n:		Gender:
A 1 ' W										
Academic Ye	ar:	Home Campus:			Curren	it Cam	ipus:			Grade:
Notice Date:			Language							
Trotice Bate.										
Mode of Deli	very:									
☐ Sent/give	n in language	indicated								
☐ Sent/give	n in English/in	terpreted								
☐ Sent/give	n in English wi	th taped interpre	tation							
Please check	the appropria	te statement(s) be	elow and r	eturr	ı:					
		g at the scheduled)					
		neeting at the sug	_							
		e number below t	o resched	lule						
		end the meeting				C . I				
		ne. I wish to be n					_			Diam.
	☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at the number below at the scheduled meeting time.									
	er (if required)		cheduled i	meet	ıng time	е.				
Phone numb	er (ii required)	·								
I have been informed of the IEP Meeting in my native language:										
I have been f	ully informed a	and do understan	d the IEP p	oroce	ss and					
why it is bein	g recommend	ed for my child/m	e.				Yes		No	
I give permission that the agencies listed on the notice to be										
invited to the IEP Meeting. Expectations are listed in the				Yes		No				
Comments section below.										
I waive the required five day waiting period between NOTICE OF										
	•	EP COMMITTEE M		10110	L 01		Yes		No	
***************************************	c and the i						. 03			
A member of the IEP team (as defined by TEA) shall not be required to attend an IEP Meeting, in whole or in										
part, if the parent of a child with a disability and the local education agency agree that the attendance of such										
member is not necessary because the member's area of the curriculum or related services is not being										
modified or discussed in the meeting.										
Additionally, a member of the IEP team may be excused from attending the IEP meeting, in whole or in part,										
when the meeting involves a modification to or discussion of the member's area of the curriculum or related										
services, if – (I) the parent and the local education agency consent to the excusal; and (II) the member										
submits, in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting.										

IDEA 2004; (H.R. 1350).

The level advection are only is required the following IFD Committee manufactured and made and differ tions.						
The local education agency is requesting the following IEP Committee member attendance modifications:						
[NiA=Not in Attendance; Part=Partial Attendance (will present relevant information and then be excused);						
Sent=Excused, but will send information] Assessment:						
	IA	☐ Part	☐ Sent			
Rationale:						
Instruction:	□ NiA	☐ Part	☐ Sent			
Special Education:	□ NiA	☐ Part	☐ Sent			
Other:	□ NiA	☐ Part	☐ Sent			
Other:	□ NiA	☐ Part	☐ Sent			
Other:	□ NiA	☐ Part	□ Sent			
Parent Agreement:	☐ Yes [□ No				
If you disagree with	an LEA attendee re	equest, please indicate in the	Comments field below the reason for			
denying the request and contact the LEA as soon as possible so that options can be discussed.						
Comments:						
Signature of Parent/	Date:					
Signature of Interpre	Date:					
The district does not discriminate on the basis of gender, disability, race, color, age, or national origin in its						
education programs, activities, or employment as required by Title IX, Section 504 and Title VI.						