## Notice of Team Meeting

Dear :

This is to invite you to a meeting for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Child’s Full Name)

At this meeting we will:

 Review existing information about your child, and

 decide whether additional testing is needed

 decide whether your child is eligible for/continues to be eligible for early intervention or special education

 Develop or review an individualized family services plan (IFSP) and services/placement for your child. The development of the IFSP will be based on information from a variety of sources including the most recent evaluation, progress reports, and test results.

The meeting is scheduled for

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**at

Day Date Time

The meeting will be held at **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Location

If this is inconvenient and you would like to reschedule the meeting, please contact**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Name

atby **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Phone) (Date)

The people invited to attend are:

 **Name Position and Agency**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sincerely,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Title

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address Phone

We encourage your participation in all meetings about your child’s early intervention or early childhood special education program. Some meetings may be conducted without you, if you choose not to attend. If you are not going to attend, please contact the individual named above to reschedule the meeting or to provide them with information you wish to have considered as part of this meeting.

You and the EI/ECSE program may invite other individuals who have knowledge or special expertise about your child. Please contact us if you plan to invite others, not listed on this invitation, to the meeting.

Parents of a child with a disability have protection under the procedural safeguards. For a copy of procedural safeguards or for assistance in understanding this information you may contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title Phone

**Notice of Team Meeting**

**This form is used to:**

* notify the parent, guardian, or surrogate parent of any meeting regarding the identification, evaluation, placement and/or provision of early intervention services (B - 3) or a free appropriate public education (3 – 5) to their child;
* invite the parent, guardian, or surrogate parent to any any meeting regarding the identification, evaluation, placement and/or provision of early intervention services (B - 3) or a free appropriate public education (3 – 5) to their child;
* document the district’s attempt to involve the parent, guardian or surrogate in meetings.

**Directions:**

1. Enter the month, day and year the notice is completed.

2. Enter the name of the parent, guardian, or surrogate parent.

3. Enter the child’s name.

4. Indicate the type(s) of meeting(s) to be held.

5. Enter the day and date of the meeting.

6. Enter the time of the meeting.

7. Enter the place the meeting will be held.

8. Enter the name of the person the parent should contact if the time is not convenient.

9. Enter the phone number of the person the parent should contact.

10. Enter the date by which the parent should inform the school that the proposed timing of the meeting is not convenient.

11. Enter the name, the position, and agency of the people invited to the meeting.

12. Sign your name.

13. Indicate your position.

 14. Enter the address to which any response should be mailed.

1. Enter your phone number.
2. Enter the name, title and phone number of the person to contact to get a copy or explanation of the Procedural Safeguards.