Dear and

**DATE:**

mm/dd/yy

(Parent) (student; required for students who are or will be 16 or older while the IEP is in effect, if a purpose of the meeting is to consider postsecondary goals and

transition services)

You are invited to a meeting for

(Student’s Full Name)

At this meeting we will:

 Review existing information about your child, and

Decide if your child should be evaluated for special education eligibility.

Decide whether additional testing is needed.

Decide whether your child is eligible for or continues to be eligible for special education.

 Develop or review an individualized education program (IEP) and placement for your child. The development of the IEP will be based on information from a variety of sources including the most recent evaluation, progress reports, test results, and information from you.

 Consider your child’s transition needs or services for a student age 16 or older. (To the extent appropriate, with the consent of the parents or adult student, the district must invite a representative of any participating agencies likely to be responsible to provide or pay for transition services.)

|  |  |  |
| --- | --- | --- |
| The meeting is scheduled for |  | at |
| (Day) | (Date) | (Time) |

The meeting will be held at

(Location)

We encourage you to participate in all meetings about your child’s special education program. If you cannot attend this meeting, or wish to discuss a different meeting location or time, or would like to participate through alternate means, please contact:

at by

(Name) (Phone) (Date)

If you choose not to participate, the meeting may be conducted without you. If you are not going to attend, please contact the individual named above to provide them with information you wish to have considered as part of this meeting.

|  |  |
| --- | --- |
| The individuals required to attend are:  Name/Position/Agency | Other individuals invited to attend are:  Name/Position/Agency |
|  |  |
|  |  |
|  |  |

You 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. For an IEP meeting, you and the district may agree to excuse a required participant or allow their participation by submission of written input. See *Written Agreement* form.

Sincerely,

Signature/Title Phone

# This form is used to:

* Notify the parent, guardian, or surrogate parent of any meeting regarding the identification, evaluation, placement and/or provision of a free appropriate public education to their child.
* Invite the parent, guardian, or surrogate parent to any meeting regarding the identification, evaluation, placement and/or provision of a free appropriate public education to their child; invite the student, if the student is 16 or older, and the purpose of the meeting is to consider the IEP and transition services.
* Document the district’s attempt to involve the parent, guardian, or surrogate in meetings.

 Citations: 20 USC § 1415; 34 CFR 300.501(b); OAR 581-015-2190.

# Directions:

1. Enter the month, day, and year the notice is completed.
2. Enter the name of the parent, guardian, or surrogate parent. Enter student’s name if student is invited to meeting. Students who are or will be 16 years old while the IEP is in effect must be invited to an IEP meeting if a purpose of the meeting is to consider the postsecondary goals for the student and the transition services needed to assist the student in reaching those goals.
3. Enter the student’s name.
4. Indicate the type(s) of meeting(s) to be held. Check all of the purposes of the meeting.
5. Enter the day, date, and time of the meeting.
6. Enter the place the meeting will be held.
7. Enter the name of the person the parent should contact if the time is not convenient.
8. Enter the phone number of the person the parent should contact.
9. Enter the date by which the parent should inform the school that the proposed timing of the meeting is not convenient.
10. Enter the name, the position, and agency of the people who are considered “required participants”. See chart on next page for required participants for each type of meeting.
11. Enter the name, position, and agency of any other individuals invited to attend. These individuals might include additional regular education teachers, related service personnel, or other individuals with knowledge or special expertise about the child. These are not required participants. If appropriate, and with parent or adult student consent, the district must invite representatives of any participating agencies likely to provide or pay for transition services.
12. Sign your name, your position, and your phone number.

**Required Meeting Participants for Meeting Notice**

*Note*: The parent is not included on this list because the meeting notice is addressed to the parent.

\*For items marked by an asterisk, the determination may be made by team without a meeting.

|  |  |
| --- | --- |
| **Type of Meeting** | **Required Participants** |
| \*To determine whether initial evaluation should be conducted  **OAR 581-015-2105** | * At least two professionals, at least one of whom is a specialist knowledgeable in the evaluation and education of children with disabilities; |
| \*To consider existing data as part of evaluation planning  **OAR 581-015-2115** | * The child’s IEP team * Other qualified professionals, as appropriate |
| To determine eligibility: all disabilities except specific learning disability  **OAR 581-015-2120** | * Two or more qualified professionals, at least one of whom is knowledgeable in the evaluation and education of children with the suspected disability. |
| To determine eligibility: specific learning disability  **OAR 581-015-2170** | Same as above, but must include:   * Regular education teacher (or if the child does not have a regular education teacher, a regular classroom teacher qualified to teach students of the same age); and * A person qualified to conduct individual diagnostic evaluations of children, such as a school psychologist, speech-language pathologist, or other qualified professional. |
| For IEP meeting  **OAR 581-015-2210** | * At least one regular education teacher of the child, if the child is or may be participating in the regular education environment; * At least one special education teacher or special education provider of the child; * A district representative (who may be another member of the team), who is:   + Qualified to provide, or supervise the provision of, specially designed instruction;   + Knowledgeable about the general education curriculum;   + Knowledgeable about district resources; and   + Authorized to commit district resources and ensure that services set out in the IEP will be provided; * An individual (who may be another member of the team) who is knowledgeable about the child’s disability and who can interpret the instructional implications of the evaluation results. |
| **For placement meeting OAR 581-015-2250** | * An individual knowledgeable about the child; * An individual knowledgeable about the meaning of evaluation data; and * An individual knowledgeable about the placement options. May be IEP team if individuals have required knowledge. |