

NOTICE OF INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING

VENTURA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)

NOTE: This notice is to be sent to parents of students under 18, and to the student if 18 or older. Parents of students over 18 are sent this notice for informational purposes only.

Student Name _____ D.O.B. _____ Date _____
School District _____ School _____
Parents _____ Address _____

An Individualized Education Program (IEP) Team meeting has been scheduled for:

Date: _____ Time: _____ Place: _____

Meeting purpose (check all that apply):

- Initial – To review results of all assessments conducted, determine eligibility and make recommendations for goals, services and other supports.
- Review – To review progress and update goals, and consider needed services and supports.
- Triennial Review – To review results of any assessments or data to determine if student continues to be eligible and require special education services, and review/update program (including reassessment for transition to Kindergarten).
- Transition – (For all special education students 16 and over) – To discuss student’s dreams/goals for adult living and develop a plan toward attainment of those goals. The student must be invited and is encouraged to participate in the meeting as much as possible. We will invite the agency representatives below to discuss adult services.
- Other: _____

The following staff plan to be in attendance at the meeting, (unless an “IEP Team Member Excusal” form is completed for any required team member):

- District Administrator or Representative: _____
 - School Psychologist: _____
 - Special Education Teacher/Provider: _____
 - General Education Teacher: _____
 - Speech - Language Pathologist: _____
 - School Nurse: _____
 - Representative from District of Residence (if student resides in another district): _____
 - Other (Interpreter, OT, APE, etc.): _____
- Community agency representative(s) to be invited*: _____

*If this meeting involves transition out of the Early Start Program at age 3 you have the right to request that we invite your Early Start Service Coordinator.

If you object to the attendance of a community agency representative, let me know within the next five days. You may invite others who you wish to attend the meeting, but please let me know in advance.

Parents or adult students may decide to send another adult to represent them at the IEP meeting. (Adult students may designate their parents if they choose). Please ask for the Ventura County SELPA form “Designation of Educational Representative” if you would like someone to represent you on a long-term basis. If you would like someone to represent you for this meeting only, please check the box below.

Please check the appropriate box below to indicate your intentions and return one copy of this form in the enclosed self-addressed envelope by _____. The other copy is for your records. Call me if you have any questions/concerns.

Name: _____ Title: _____ Phone: _____

PARENT RESPONSE

- I will attend the meeting.
- I would like to participate as scheduled by phone call. I can be reached at this number: _____
- I am not able to attend and would like to reschedule the meeting. Please arrange a new date.
- I authorize this person to represent me at the meeting: _____
(Name and Title—may be parents if adult student designates)
- I will not be able to attend at all. Please hold the meeting, and send the paperwork to me for review/approval.
- *Please invite my Service Coordinator: (Name) _____ (phone) _____
- I require interpretation services, and I will not be able to bring an interpreter to the meeting. Please provide an interpreter. (Specify: Spanish, Sign Language, etc.): _____

Date: _____

Parent/Legal Guardian/Adult Student/Person Acting as Parent (Specify)

For more information about special education and your rights contact your district special education office or visit the Ventura County SELPA website at www.venturacountyselfpa.com