

**NOTICE TO TRANSITION AGED STUDENT OF
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING**

VENTURA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)

Student Name _____ **D.O.B.** _____ **Date** _____

School District _____ **School** _____

Dear _____

You are invited to attend your upcoming Individualized Education Program (IEP) Team meeting scheduled for:

Date _____ **Time** _____ **Place** _____

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: _____

Let us know if there are any other important people you would like to invite.

It is very important that you come to the meeting and let the team know what you would like to be doing when you are an adult. You should work with your Special Education Case Manager to discuss your dreams and goals for the future in these areas:

- Living - Where you would like to live after high school and the people you would like to live with.
- Education/Training - College or Vocational training schools that you are interested in attending.
- Career/Vocational - The job area(s) you are thinking about.

Please bring your transition portfolio (if you have one), and any test results for Careers that you may have taken within the last year, to share with the team. Also, please brainstorm goals that you feel you need to work on in school next year to help you reach your dreams for the future.

Please speak to me if you have any questions about the meeting.

Name _____ (Case Manager)

Phone _____ **e-mail** _____