

**STAFF NOTICE OF IEP MEETING**

**Ventura County SELPA**

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**You are invited to participate in the individualized education program (IEP) meeting, to review and consider the educational needs of the following student:**

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**CURRENT PLACEMENT** \_\_\_\_\_

**TO:**

District Representative: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Student: \_\_\_\_\_

General Ed Teacher: \_\_\_\_\_

Special Ed Teacher: \_\_\_\_\_

School Nurse: \_\_\_\_\_

Counselor: \_\_\_\_\_

Psychologist: \_\_\_\_\_

Speech-Language Pathologist: \_\_\_\_\_

Interpreter: \_\_\_\_\_

Representative from District of Residence: \_\_\_\_\_

Other: \_\_\_\_\_

Please note the date, location, and time of this IEP meeting on your calendar. Be prepared to discuss student and provide work samples, grades, attendance data, etc. If you were noted as "Responsible Discipline" on any goals on the last IEP, please bring documentation (as specified in measurement criteria) of progress toward goals. Bring an extra copy for parent(s). Thank you for your support and cooperation.

If you are a required IEP Team member and are not able to attend, please contact me to discuss the "Excusal of IEP Team Member" process. The law requires that the excusal be approved in writing and agreed upon by parent and district prior to the IEP meeting. If your area will be discussed, you will be required to submit written input to the meeting.

**From:** \_\_\_\_\_

**Date:** \_\_\_\_\_