

### County School Board Meeting Notice

Date of Notice:    /    /	School:
Student Name:	Date of Birth    /    /
Student ID:	Phone:
Parent(s)/Guardian(s):	Address:

Dear Parent/Guardian/Student:

Parents of students with disabilities, or students age 18 or older whose rights have transferred (see Adult Students below), have the right and are encouraged to participate in meetings regarding exceptional student education (ESE) and placement.

A meeting on behalf of the student named above is scheduled for (date)    /    /    at (time)    at (location)    .

The purpose(s) of the meeting is/are:

The individuals indicated by an X are invited to attend the meeting. In addition, parents (or adult students) have the right to bring to the meeting other person(s) with special knowledge or expertise about the student.

<input type="checkbox"/>	Parent(s)
<input type="checkbox"/>	Student
<input type="checkbox"/>	*~General Education Teacher:
<input type="checkbox"/>	*ESE Teacher/Service Provider:
<input type="checkbox"/>	*Local Educational Agency Representative:
<input type="checkbox"/>	*Interpreter of Instructional Implications of Evaluation Results:
<input type="checkbox"/>	*Other Required IEP Team Member(s):
<input type="checkbox"/>	Other Invited Participant(s):

\* Attendance is required unless the parent or adult student agrees or consents in writing to their absence.

~ Required for students who are or may be participating in the general education environment

**IEP Team Member Participation**

Pursuant to 34 CFR §300.321(e), a member of the IEP team may not be required to attend the meeting or may be excused from attending the meeting with the written agreement or consent of the parent/guardian/adult student.

<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	We request that the following be excused from this meeting. You will receive written input on his/her area of the curriculum or services before the meeting. Please indicate on the response page if you consent to this.
	Member(s): _____ Written input <input type="checkbox"/> is included <input type="checkbox"/> will be provided prior to the meeting
<input type="checkbox"/>	We request that the following not be required to attend this meeting because his/her area(s) of the curriculum or services are not being discussed or modified. Please indicate on the response page if you consent to this.
	Member(s): _____

Parents of students with disabilities have specific rights and protections. A copy of the procedural safeguards  is attached or has been provided to you in the following way:

For additional copies or assistance in understanding your rights, please contact:

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

**Please complete and return the second page of this form.**

Sincerely,

Adult Students: When a student with a disability reaches the age of majority (age 18), all right previously accorded to the parent under IDEA transfer to the student. The district must provide all notices required under IDEA to the student and continue to provide a copy to the parent. (34 CFR §300.520)

County School Board Meeting Notice

Form with fields: Date of Notice, School, Student Name, Date of Birth, Student ID, Phone, Parent(s)/Guardian(s), Address.

Dear Parent/Guardian/Student:

Parents of students with disabilities, or students age 18 or older whose rights have transferred (see Adult Students below), have the right and are encouraged to participate in meetings regarding exceptional student education (ESE) and placement.

A meeting on behalf of the student named above is scheduled for (date) / / at (time) at (location) .

The purpose(s) of the meeting is/are:

The individuals indicated by an X are invited to attend the meeting. In addition, parents (or adult students) have the right to bring to the meeting other person(s) with special knowledge or expertise about the student.

Form with checkboxes for: Parent(s), Student, \*~General Education Teacher, \*ESE Teacher/Service Provider, \*Local Educational Agency Representative, \*Interpreter of Instructional Implications of Evaluation Results, \*Other Required IEP Team Member(s), Other Invited Participant(s).

\* Attendance is required unless the parent or adult student agrees or consents in writing to their absence.

~ Required for students who are or may be participating in the general education environment

IEP Team Member Participation

Pursuant to 34 CFR §300.321(e), a member of the IEP team may not be required to attend the meeting or may be excused from attending the meeting with the written agreement or consent of the parent/guardian/adult student.

Form with checkboxes for: Not applicable, We request that the following be excused from this meeting... Member(s):, We request that the following not be required to attend this meeting... Member(s):

Meeting Participation (Please check all that apply and return this page to the school.)

- Checkboxes for: I will attend at the scheduled date and time, I will not be able to attend but will participate by telephone, I would like to reschedule for, I will not be able to attend, I am providing written input, I need a foreign/sign language interpreter, I would like my Part C Early Steps Coordinator to attend, I have received a copy of the Procedural Safeguards, I understand the rights afforded me through the procedural safeguards.

Signature of Parent/Guardian/Surrogate Parent/Student

Phone

Date

Adult Students: When a student with a disability reaches the age of majority (age 18), all right previously accorded to the parent under IDEA transfer to the student. The district must provide all notices required under IDEA to the student and continue to provide a copy to the parent. (34 CFR §300.520)