

ROCKINGHAM COUNTY PUBLIC SCHOOLS
Notice of Individualized Educational Program (IEP) Meeting

To: _____

Relationship to student: _____

Student's Name: _____

Date of Birth: ____/____/____

School: _____

Date notice sent: ____/____/____

This is to notify you that an IEP team meeting has been scheduled for the above named student. Your participation and attendance at this meeting is very important. This IEP meeting must be scheduled at a mutually agreed upon time and place. The purpose of this meeting is to (check all that apply):

- Develop an IEP
- Review/revise the current IEP (addendum)
- Transition Services*
- Discuss graduation
- Review instructional needs of the student
- Consider termination of services
- Consider the results of evaluations/reevaluations
- Discuss progress or lack of expected progress towards annual goals
- Part C to Part B (preschool)
- Other _____

This meeting has been scheduled for:

Date: ____/____/____ Time: _____ Location: _____

The following are invited to attend and participate in the IEP meeting:

* If the purpose of the meeting is the consideration of needed transition services (beginning at age 16 or younger, if appropriate), the student and representatives of the following agencies will be invited:

(If applicable, check one if the student is age 14 or older)

- I give my consent for the following agency representative(s) named on the meeting notice to be invited to the IEP meeting.
- I do not give my consent for the following agency representative(s) named on the meeting notice to be invited to the IEP meeting.

- Department of Rehabilitative Services
- Community Services Board
- VAIL
- Other _____

The parent/student or school division may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate as a member of the IEP team. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent or student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

(check one)

- I will attend the IEP meeting as scheduled.
- I cannot attend the IEP as scheduled. Please reschedule this meeting.
 - I can attend on ____/____/____ at (time/place) _____
 - Please contact me at (____) _____ - _____ to determine a mutually agreeable date, time, and place for this IEP meeting.
- I do not wish to attend this IEP meeting even though I understand the importance of attending. You may hold this meeting in my absence.
- I would like my preferences, interests, and concerns shared with the IEP team. I will provide my input to you by: mail, telephone, or other means (_____) prior to the meeting.

I will need the following accommodations for this meeting: _____

Signature: _____

Date: ____/____/____

Please return this to: Name: _____

School: _____

(circle one below)

Central Office Copy

School Copy

Parent Copy

Student Copy