

**LOS ANGELES UNIFIED SCHOOL DISTRICT
NOTIFICATION TO PARTICIPATE IN AN INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**

You are invited to attend and participate as a member of an Individualized Education Program (IEP) team meeting for:

Name: _____ Birthdate: _____ ID#: _____ Grade: _____

Date of Meeting: _____ Time: _____ Location of Meeting: _____

TYPE OF MEETING: Initial Review Other

PURPOSE OF MEETING (Check all that apply)

- Determine eligibility (based on disability and need) for special education services
- Develop, review and/or revise an Individualized Education Program (IEP)
- Conduct a three year review of the IEP
- Facilitate Early Start Transition
- Facilitate Preschool Transition
- Develop, review and/or revise Individual Transition Plan (ITP) and post-secondary goals
- Conduct Expulsion Analysis
- Other: _____

INDIVIDUALS INVITED TO PARTICIPATE (Check all that apply)

- Parent
- Student
- Administrator/Designee
- Special Education Teacher
- General Education Teacher
- Psychologist
- Nurse/Doctor
- Interpreter
- Counselor
- Transition Teacher
- Designated Instruction and Services (DIS) representative(s)
(Specify the service[s]) _____
- Agency (specify) _____
- Other (specify) _____

PARENT RESPONSE SECTION *If you cannot attend the meeting, a copy of the Individualized Education Program (IEP) will be provided for your review and signature. A team member will contact you to review the IEP with you.*

<p>Please Check One Box</p> <p><input type="checkbox"/> I intend to be there; however, you may proceed without me if I am unable to attend.</p> <p><input type="checkbox"/> I am <u>not</u> able to attend the meeting. Please forward a copy of the IEP for my review and signature.</p> <p><input type="checkbox"/> I intend to be there; however, if I am unable to attend, please contact me to reschedule or conduct the meeting by telephone conference.</p> <p><input type="checkbox"/> The above meeting date and time is not convenient for me. Please contact me to reschedule.</p>	<p>Check as appropriate</p> <p><input type="checkbox"/> I will bring the following representatives to the meeting. Name/Title: _____</p> <p><input type="checkbox"/> I have special needs and request the following accommodation: Name/Title: _____</p> <p><input type="checkbox"/> I need an interpreter. I understand one will be provided free of charge. (Specify language, including sign language) _____</p>
--	--

I wish to have the IEP team consider independent educational evaluation report(s) previously sent to be submitted prior to the IEP meeting from the following person(s):

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE. KEEP THE "PARENT COPY" FOR YOUR RECORDS.

X _____

Signature of Parent/Guardian or Student (if over 18 with educational rights) **Please Print Name**

Address: Street _____ City _____ Zip _____ Phone: _____ Home _____ Other _____

Direct your questions to: _____ Phone _____

Contact Person _____

School/Office _____ Address Street _____ City _____ Zip _____

FOR SCHOOL USE ONLY School: _____ Local District: _____

Enclosed with this notification: A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards) The IEP and You The ITP and You

Notification	Method	By Who	When	Meeting Date	Parent Response
1	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
2	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
3	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

Signed Notification received on _____ by _____