

NOTIFICATION OF SPECIAL EDUCATION TEAM MEETING

Student: _____ **SASID:** _____ **Date:** _____

Parent/Guardian: _____ **Address:** _____

Phone: _____

Dear _____ **and** _____
(Student at age 14)

A Special Education Team meeting has been scheduled for _____,
at _____ at the _____.

The purpose of the meeting is:

The following persons have been invited to this meeting:

Name	Title	Name	Title
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Courtesy Copy Sent To:

Note to Parents

We strongly encourage parents to attend each meeting. Your participation and assistance regarding your child's educational program are important. We will make every attempt to schedule meetings regarding your child at mutually convenient times. If there is a problem, please contact your child's case manager. The School District is required to provide parents with 10 days notice of any meeting which is planned to develop or revise their child's Individual Education Program (IEP). However, the parents and the School District may agree to waive this notice. This document enables the 10 day notice requirement to be waived with the written consent of the parent or upon written request of the parent.

Sincerely,

None Assigned
Case Manager

If this box is checked you have agreed to accept the less than 10 days notice requirement for this IEP meeting, please initial below.

Meeting confirmed verbally on: _____
Written notice forwarded on: _____
Statement of Parent Rights enclosed: _____

Initials: _____