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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Individualized Education Program Meeting Notice** |
| Parent/Guardian: |       | Date of Notice: |       |
| Mailing Address: |       | City: |       | State: |       | Zip Code: |       |
| You are invited to attend an Individualized Education Program (IEP) team meeting for your child. Your participation and input in this meeting is essential in arriving at decisions about your child’s educational services. We will also invite your child to this meeting if he/she is 15+ years of age or younger if necessary. You may invite other individuals who possess expertise or knowledge necessary for the development of your child’s IEP.**This meeting has been scheduled as follows:** |
| **Date /Time:** |  | **Location:** |  |  |
| **Student Name:** |  | **Date of Birth:** |  | **District:** |  |  |
| **For additional information about this meeting, please contact:** |  | **at** |  |  |
|  |
| **The following individuals have been invited to this meeting:** |
| [ ]  | Principal/Designee | [ ]  | Psychologist | [ ]  | Interpreter |
| [ ]  | Special Education Teacher | [ ]  | Speech-Language Pathologist | [ ]  | Dept. of Rehabilitation (DOR) |
| [ ]  | General Education Teacher | [ ]  | School Nurse | [ ]  | Regional Center |
| [ ]  | Special Education Administrator | [ ]  | Student | [ ]  | Other Agency: |       |
| **The purpose of this meeting is: (check all that apply)** |
| [ ]  | Develop an IEP | [ ]  | Review a Triennial Assessment | [ ]  | Review a 30-day Interim Placement |
| [ ]  | Review an IEP | [ ]  | Review a Recent Assessment | [ ]  | Address Parent Request |
| [ ]  | Revise an IEP | [ ]  | Develop a Behavior Plan | [ ]  | Other: |       |
| [ ]  | Plan Transition Activities | [ ]  | Make a Manifestation Determination | [ ]  | Other: |       |
| **the following action(s) are proposed or will be considered at this meeting:** |
| **Special Education Eligibility:** | [ ]  | Eligible | [ ]  | Ineligible |
| **Educational Services:** |  |  |  |  |
| [ ]  | General Education | [ ]  | Home/Hospital | [ ]  | Other: |       |
| [ ]  | Special Academic Instruction (SAI) | [ ]  | SBCSS - D/M Operations | [ ]  | Other: |       |
| [ ]  | Non-Public Schools (NPS) | [ ]  | Exit Special Education Program | [ ]  | Other: |       |
| [ ]  | Related Services: | 1. |       | 3. |       |
|  | 2. |       | 4. |       |
| **The information checked below, including parent input or reports, will be reviewed regarding the IEP team’s proposal(s) or consideration(s):** |
| [ ]  | Psychological Report | [ ]  | Academic Assessment | [ ]  | Audiological Evaluation |
| [ ]  | Mental Health Evaluation | [ ]  | Functional Assessment | [ ]  | Independent Evaluation |
| [ ]  | Existing Records | [ ]  | Student Observations | [ ]  | Other: |       |
| [ ]  | Other Factors Related to the Actions Proposed or Considered: |       |
| **A COPY OF YOUR PARENTS RIGHTS/PROCEDURAL SAFEGUARDS IS ATTACHED TO THIS NOTICE FOR YOUR REVIEW.** |
| **Administrator Signature:** |  | **Date:** |  |
| **(DETACH HERE)** |
| **Please complete this section of the notice and return to:** |  |  |
| **at** |  | **Contact Phone:** |  |  |
| **Reference:** | **Student Name:** |  | **Date of Birth:** |  |  |
| **[ ]**  | **I *WILL ATTEND* the meeting scheduled for:** |  | **at** |  |  |
| **[ ]**  | **I *WILL NOT* be able to attend and I would like to reschedule the date and/or time to:** |  |  |
| **[ ]**  | **I will not be able to attend and hereby give my permission for the meeting to be held without me. I understand a copy of the IEP**  |
|  | **will be provided to me following the meeting.** |  |
| **[ ]**  | **I request a language interpreter at the meeting. Language to be interpreted:** |  |  |
| **[ ]**  | **I am unable to attend in person and would like to request participation in the IEP meeting via conference telephone call. I can be** |  |
|  | **reached at**  |  | **to further discuss the details of this request.** |  |
| **[ ]**  | **I *CONSENT* to have the above listed agency(ies) for transition planning invited to this IEP meeting. I understand that my consent is**  |
|  | **voluntary and may be revoked at any time before the identified agency representatives have been invited to the IEP meeting.** |
| **[ ]**  | **I *DO NOT CONSENT* to have the above listed agency(ies) invited to this IEP meeting.** |
| **Parent/Guardian Signature:** |  | **Date:** |  |  |
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