

NEENAH JOINT SCHOOL DISTRICT
Administrative Offices
410 South Commercial Street
Neenah, Wisconsin 54956
(920) 751-6800

**INVITATION TO A MEETING OF THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM (A-9)**

(If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact _____ at _____.)

Dear _____ Date _____

Regarding _____

You are a participant on the IEP Team which will meet to address the educational needs of your child. IEP team meetings must be held at a mutually agreeable time and place. An IEP team meeting has tentatively been scheduled for the following:

date: _____ time: _____ location: _____

If these meeting arrangements are not agreeable to you, please call _____ at _____. You may bring other people who have knowledge or special expertise about your child to the meeting with you.

The purpose of this IEP team meeting is (check all that apply):

EVALUATION AND REEVALUATION

(If this section is the only one checked, it is not necessary to send a parent rights statement)

- Determine initial eligibility for special education
- Determine continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) if student is eligible

- Develop an initial IEP
- Develop annual IEP Transition _____ (age 14) _____ (age 16)
- Review/revise IEP Transition _____ (age 14) _____ (age 16)
- Transition _____ (age 14) _____ (age 16)

PLACEMENT if student is eligible

(If this section is the only one checked, it is not necessary to send a parent rights statement.)

- Determine initial placement
- Determine continuing placement

OTHER

- Specify _____
- Review existing information to determine need for additional tests or other evaluation materials
(Meeting is optional. If this box is the only one checked, it is not necessary to send a parent rights statement.)
- Conduct a manifestation determination
(must also check appropriate boxes under IEP & placement)
- Determine an interim alternative educational setting (IAES)
(must also check appropriate boxes under IEP & placement)

If transition is checked above as one of the purposes of this meeting, your child is invited to attend. We are also inviting representatives from the following agencies:

- None

Agency _____ Title/Position _____ Agency _____ Title/Position _____

If at any point during this meeting you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. Decisions related to the purpose(s) checked above may be made in one meeting or may require more than one meeting, depending on individual circumstances.

At the beginning of the meeting, the school district will discuss with you your right to have additional time as described above and of your right to have a copy of the IEP team's evaluation report prior to developing an IEP and placement. Upon request you and the other IEP team participants may receive a copy of the team's evaluation report prior to continuing with the development of your child's IEP and placement. If you have not requested a copy of the team's evaluation report and a purpose of this meeting is to determine whether your child is or continues to be a child with a disability (impairment and need for special education), the school district will give you a copy of the team's evaluation report when you receive a notice of your child's placement or notice that your child is not a child with a disability.

The following IEP team participants will attend the meeting:

, LEA Representative

, Regular Education Teacher

, Special Education Teacher

You and your child have protection under the procedural safeguards (rights) of special education law. A statement of parent and child rights will be enclosed with this notice if the purpose of the meeting includes developing or reviewing/revising the Individualized Education Program (IEP). A statement of parent and child rights will not be included if the purpose of the meeting is only for evaluation and reevaluation, only for placement, or only for determining the need for additional tests or other evaluation materials. The purposes of the meeting are checked on the first page of this invitation. If a statement of parent and child rights is not enclosed and you would like another copy, please contact the Special Education Office at (920) 751-6800 ext. 203.

Sincerely,

Name and Title of District Contact Person

Invitation sent with statement of parental rights _____ (Initials)
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