

PARENT/GUARDIAN NOTIFICATION OF CONFERENCE

DATE: _____ STUDENT'S NAME: _____ STUDENT'S DATE OF BIRTH: _____

Dear _____:
(Parent(s)/Guardian(s) Name)

In order to discuss the educational needs of your child, you are invited to attend an IEP conference meeting to be held:

Date: _____ Time: _____ Location: _____

You are a participant on the IEP Team which will meet to address the purpose as indicated in the next section. You have the right to bring other individuals who have knowledge or special expertise regarding your child. If you plan to bring other individuals, please notify the individual indicated below prior to the meeting so arrangements and accommodations for participants can be made. If these meeting arrangements are not agreeable and/or you require an interpreter or translator, please contact the individual indicated below.

The purpose of this conference is to:

- | | |
|--|---|
| <input type="checkbox"/> Review of Existing Data | Review your child's educational status and determine what additional data if any are needed to complete your child's evaluation |
| <input type="checkbox"/> Initial Evaluation/Eligibility | Review your child's recent evaluation to determine initial eligibility for special education and related services. |
| <input type="checkbox"/> Reevaluation | Review your child's recent evaluation to determine (reconsider or change) continued eligibility for special education and related services. |
| <input type="checkbox"/> Initial Individualized Education Program | Review your child's need for special education and related services and placement and develop an initial IEP |
| <input type="checkbox"/> IEP Review and Revision | Review and/or revise your child's IEP to determine special education and related services and placement. |
| <input type="checkbox"/> Secondary Transition | Consider postsecondary goals and transition services (beginning at age 14 1/2). |
| <input type="checkbox"/> Functional Behavioral Assessment/Behavioral Intervention Plan | Consider the need for a functional behavioral assessment for your child and a need to create or revise a behavioral intervention plan. |
| <input type="checkbox"/> Manifestation Determination Review | Consider relatedness of your child's disability to a disciplinary code violation(s). |
| <input type="checkbox"/> Graduation | Review your child's anticipated date of graduation. |
| <input type="checkbox"/> Other | Review/consider other areas (e.g. Termination of placement, Aging Out). |

The invited individuals and/or their titles are listed below. If one of the required individuals listed below is unable to attend due to unforeseen circumstances, the district will designate an appropriate and suitable replacement to attend the IEP meeting. Any student, age 14 1/2 and older must be invited to any meeting if the purpose of the meeting is to consider transition service needs.

Name and/or Title (General Education Teacher)	Name and/or Title
Name and/or Title (Special Education Teacher)	Name and/or Title
Name and/or Title (LEA Representative)	Name and/or Title
Name and/or Title	Name and/or Title

The IEP Team will discuss whether your child requires Assistive Technology (AT) to receive a Free Appropriate Public Education (FAPE). The Illinois State Board of Education Assistive Technology Program can be reached by calling toll-free (866) 262-6663 or by going to www.isbe.net/Pages/Special-Education-Assistive-Technology.aspx.

You and your child have protection under the procedural safeguards of special education regulations. The school district must provide you a copy of **Explanation of Procedural Safeguards** once a year. Please contact the district if you need a copy of **Explanation of Procedural Safeguards**.

Name: _____ Title: _____ Telephone: _____

Sincerely,

(Signature)

Name: _____

Title: _____