

Meeting Notice and Invitation

Student name Jason Patterson Student # 49 DOB 2/6/2002 Date 3/2/2010
 Serving school Alder Elementary IEP Mgr. Kathy Bravo Grade 1 Age 8 y 0 m
 Home school _____ Disability _____

Dear: Jason Patterson
Parent/student/guardian

Purpose of this notice: You are invited to participate in a team meeting to discuss your child's current educational program needs and progress. This meeting is very important and is a great opportunity for you to make your concerns and comments part of your child's educational process. I welcome and encourage your involvement. If you wish, you may invite other individuals to participate on the team if they have special knowledge or expertise regarding your child.

The meeting is scheduled for: _____, _____, at _____
(Date) (Time) (Location)

Reason for this action and other options considered:

The following have also been invited to participate in this meeting:

- | | |
|--|--|
| <input type="checkbox"/> Regular Ed teacher | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> Special Ed teacher | <input type="checkbox"/> Occupational/Physical Therapist |
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Please let me know if you will or will not be able to attend. If you have any questions or concerns, or you need an interpreter or any other accommodations please call me, as well. You have previously received a copy of the *Notice of Procedural Safeguards* booklet. If you need another copy or would like help in understanding the content, please contact me at the number below.

Sincerely, Test Staff2 Resource Model Teacher 425-555-1234
(Name) (Position) (Phone)

Contact Method	Date Attempted	Notes/Outcomes