# School District Letterhead

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| **To:** [Name of Parent, Guardian, Educational Surrogate Parent, Student 18 and over] |
| **Re:** [Name of Student and other identifying information (i.e., DOB, ID#)] |
| **Subject: MEETING INVITATION** |
| **Notice Date:** [Date notice is sent.] |

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| **District’s Plan for Interpretation/Translation**  Translation/interpretation is not needed and will not be provided OR  Parent’s/Guardian’s/Caregiver’s primary language is not English, or parent communicates using sign language. District will arrange for an interpreter for the meeting, and  Communications related to the IEP meeting will be translated.  ***If you have any questions or concerns about the need for translation/interpretation, please notify your district contact person listed in the table below.*** |

You are invited to a meeting to discuss the above-named student. Your participation is essential. The purpose and details of the meeting are printed below. Other invited participants are listed on the attached attendance form.

It is your legal right to be present and to participate. We value your input and hope you will make every effort to attend this meeting.

If the suggested meeting time is inconvenient, we will set a more convenient time. Please call the district contact person listed in the table below to request another meeting time. If you cannot attend, it is our responsibility to obtain your participation, if possible, in another way.

You may invite other individuals to attend who have knowledge or special expertise regarding this student. We request that you inform us in advance of the meeting if you plan to invite other individual(s) to join us. Again, please call the district contact person with this information.

We look forward to partnering with you on behalf of this student.

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| **Meeting Purpose:** *[Eligibility Determination, IEP Development, Placement Determination, Transition Planning, or specify other purpose]* |
| **Meeting Date/Time/Location:** *[Details of Meeting Date, Time, and Location]* |
| **District Contact Person:** *[Name and Role]* |
| **Contact Information:** *[Address, Telephone Number, Fax Number, and Email Address (if not on letterhead)]* |

Enclosure: Attendance Sheet *[should be included in all cases]*

c: Student aged 14 or older