

<b>School District/Public Agency</b>	<h1 style="margin: 0;">Notice of Team Meeting</h1> <h2 style="margin: 0;">34 C.F.R. §§300.321 and 300.322</h2>

Name of Student	WISER ID	DOB	Grade	Date

The school district or public agency would like to meet with you to discuss the educational needs of your child. With your input, the meeting has been scheduled for:

Time	Date	Location

**The purpose of the meeting:** (check all that apply)

<ul style="list-style-type: none"> <li><input type="checkbox"/> Initial Referral</li> <li><input type="checkbox"/> Review Evaluation Results</li> <li><input type="checkbox"/> Determination of Eligibility</li> <li><input type="checkbox"/> Develop Initial IEP</li> <li><input type="checkbox"/> Review/Revise IEP</li> <li><input type="checkbox"/> Develop Annual IEP</li> <li><input type="checkbox"/> Determine Placement</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Manifestation Determination</li> <li><input type="checkbox"/> Determine Setting or Services During Disciplinary Change of Placement</li> <li><input type="checkbox"/> Transfer of Rights at Age of Majority</li> <li><input type="checkbox"/> Develop Post Secondary Transition Services</li> <li><input type="checkbox"/> Other: _____ _____</li> </ul>
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**The following team members are invited to attend:**

It is permissible for team members to serve more than one role. The \* indicates mandatory IEP team membership.

<b>The IDEA Parent is always invited to attend all team meetings.</b> <b>Whenever appropriate, the Student is invited to attend team meetings.</b>	
* A representative of the agency:	* An individual to interpret the instructional implications of evaluation results:
* A special education teacher (or provider, if appropriate) of the child:	* A regular education teacher of the child (if the child is or may be participating in regular education):
* Student: (If appropriate, but must be invited to plan post school and transition goals.)	Other:
Other:	Other:
Other:	Other:
Post Secondary Agency: (Prior consent is needed.)	Post Secondary Agency: (Prior consent is needed.)

**Please return this page as soon as possible.**

<b>Name of Student</b>

### Parent Participation Acknowledgement

Please indicate whether you plan to attend this meeting by checking the appropriate box below and returning this portion of the form as soon as possible. If you would like to reschedule the meeting for a different time or date, please contact the person listed below to arrange for the meeting to be rescheduled as soon as possible.

<b>Name &amp; Title of Contact Person</b>	<b>Address</b>
<b>Phone</b>	<b>Email</b>

- I will attend the meeting as scheduled.
- I cannot attend the meeting in person but would like to be involved by telephone at this number \_\_\_\_\_.
- I cannot attend the meeting at the time scheduled and request that the meeting be rescheduled.
- I do not wish to attend the meeting and understand the meeting will proceed without my participation.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date