

INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING

Child's Name: _____

INVITATION TO PARTICIPATE IN THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING OR OTHER MEETING

School Age _____

Child's Name: _____

Date Sent (mm/dd/yy): _____

Name and Address of Parent/Guardian/Surrogate:

<p><i>For LEA Use Only:</i> Date of Receipt of Parental Response to Invitation</p>
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Dear _____ :

We would like to invite you to an IEP team meeting to talk about special education program and services for your child.

The purpose of this meeting is to: (Check all that apply)

Develop an *IEP*, if your child is eligible, or continues to be eligible, for special education and related services.

Discuss possible changes in your child's current *IEP* and revise it as needed.

Transition Planning. If your child will be at least 14 years old during the duration of this *IEP*, the IEP team will develop postsecondary goals based on transition assessments and transition services to promote movement from school to post school activities. Your child is invited by the school to attend this meeting and is included in the list of invited IEP team members listed below.

Transition Services. If necessary, and with your consent, staff from other public agencies that may be providing or paying for transition services will be invited to IEP team meeting. We are inviting representative(s) from the agency or agencies as listed:

Other _____

IEP Team Meeting - Invited IEP Team Members

As the parent, you are a member of your child's IEP team, and we, the Local Education Agency (LEA) want you to attend the IEP team meeting. Listed below are the other team members, including your child, if 14 years or older, that we are inviting. In addition, you may bring other people to the IEP team meeting who have knowledge or expertise regarding your child. If you have any questions or comments about this, please contact the LEA as soon as possible.

Role	Name
LEA Representative	
Special Ed. Teacher	
Regular Ed. Teacher	
Child *	
Teacher of the Gifted **	

Role	Name
Community Agency Rep. ***	
Career/Tech Ed. Rep. ***	
Other	

* As required by federal and state regulations, the LEA invites your son/daughter to attend the IEP meeting when transition services and postsecondary goals will be considered. Transition services and postsecondary goals may be considered at any age, but must be included in the first *IEP* to be in effect when your child reaches age 14.

INVITATION TO PARTICIPATE IN THE IEP TEAM MEETING OR OTHER MEETING

Child's Name: _____

** A teacher of the gifted is required when writing an IEP for a student with a disability who also is gifted.

*** As determined by the parent and LEA as needed for transition services and other community services

We suggest the following arrangements for the IEP team meeting:

Date: _____

Location: _____

Time: _____

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE:

Please respond to this notice and invitation by checking the appropriate option(s) below and returning this form (by mail or in person) as soon as possible. Please sign and date.

I. My Attendance

I will attend the meeting.

I will NOT attend the meeting.

I wish to attend the meeting, but this time and/or location is not convenient. I prefer to meet at the following date: _____

and time: _____

Please contact me to make alternative arrangements.

II. Accommodations

I will need an interpreter.

I will need the following accommodations so that I may participate:

SIGN HERE:

Parent/Guardian/Surrogate Signature

Date (mm/dd/yy)

PLEASE RETURN THIS FORM TO:

Name and Title: _____

Phone Number: _____

Address: _____

A copy of the *Procedural Safeguards Notice* is available upon request from your child's school. This document explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

For help in understanding this form, an annotated *Invitation to Participate in the IEP Team Meeting* is available on the PaTTAN website at www.pattan.net. Select the Legal Tab, then select Forms, and choose an age group and a language. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.

MWALIKO WA KUSHIRIKI KATIKA MKUTANO WA TIMU YA IEP AU MKUTANO MWINGINE

Jina la Mtoto: _____

**MWALIKO WA KUSHIRIKI KATIKA ELIMU ILIYOBINAFSISHWA
MKUTANO WA TIMU YA MPANGO (IEP) AU MKUTANO MWINGINE****Umri wa Shule**

Jina la Mtoto: _____

Tarehe Iliyotumwa

(mm/dd/yy): _____

Jina na Anwani ya Mzazi/Mlezi/Mzazi Mbadala:

Kwa Matumizi ya LEA Pekee:
Tarehe ya Kupokea Majibu ya
Mzazi kwa Mwaliko

: Mpendwa

Tungependa kukualika kwenye mkutano wa timu ya IEP ili kuzungumza kuhusu mpango na huduma za elimu maalum kwa ajili ya mtoto wako.

Lengo la mkutano huu ni: (Weka tiki kwa zote zinazotumika)

Kuunda IEP, ikiwa mtoto wako anastahiki, au anaendelea kustahiki, kwa elimu maalum na huduma husika.

Kujadili mabadiliko yanayowezekana katika IEP ya sasa ya mtoto wako na kuirekebisha inapohitajika.

Upangaji wa Mpito. Iwapo mtoto wako atakuwa na umri wa angalau miaka 14 wakati wa IEP hii, timu ya IEP itatayarisha malengo ya baada ya sekondari kulingana na tathmini za mpito na huduma za mpito kukuza harakati kutoka shule hadi shughuli za shule. Mtoto wako amelikwa na shule kuhudhuria mkutano huu na amejumuishwa katika orodha ya wanachama walioalikwa wa timu ya IEP iliyoorodheshwa hapa chini.

Huduma za Mpito. Ikihitajika, na kwa idhini yako, wafanyakazi kutoka mashirika mengine ya umma ambayo yanaweza kuwa yanatoa au kulipia huduma za mpito wataalikwa kwenye mkutano wa timu ya IEP. Tunawaalika wawakilishi kutoka kwa shirika au mashirika kama ilivyoorodheshwa:

Nyingine _____

Mkutano wa Timu ya IEP - Umealikwa Wanachama wa Timu ya IEP

Kama mzazi, wewe ni mwanachama wa timu ya IEP ya mtoto wako, na sisi, Shirika la Mtaa la Elimu (LEA), tunataka uhudhuria mkutano wa timu ya IEP. Walioorodheshwa hapa chini ni wanachama wengine wa timu, akiwemo mtoto wako, ikiwa ana umri wa miaka 14 au zaidi, ambao tunawaalika. Kwa kuongeza, unaweza kuleta watu wengine kwenye mkutano wa timu ya IEP ambao wana ujuzi au ujuzi kuhusu mtoto wako. Ikiwa una maswali au maoni yoyote kuhusu hili, tafadhali wasiliana na LEA kwa haraka iwezekanavyo.

Jukumu	Jina
Mwakilishi wa LEA	
Elimu Maalum Mwalimu	
Elimu ya Kawaida Mwalimu	
Mtoto *	
Mwalimu wa Wenye Vipawa **	

Jukumu	Jina
Mwakilishi wa Shirika la Jumuiya ***	
Elimu ya Kazi/Ufundi Mwakilishi ***	
Nyingine	

MWALIKO WA KUSHIRIKI KATIKA MKUTANO WA TIMU YA IEP AU MKUTANO MWINGINE

Jina la Mtoto:

* Kama inavyohitajika na kanuni za shirikisho na serikali, LEA inamwalika mwana/binti yako kuhudhuria mkutano wa IEP wakati huduma za mpito na malengo ya baada ya sekondari yatazingatiwa. Huduma za mpito na malengo ya baada ya sekondari yanaweza kuzingatiwa katika umri wowote, lakini lazima yajumuishwe katika IEP ya kwanza ili ianze kutumika wakati mtoto wako anafikisha umri wa miaka 14.

** Mwalimu wa wenye vipawa anahitajika wakati wa kuandika IEP kwa mwanafunzi mwenye ulemavu ambaye pia ana vipawa.

*** Kama inavyoamuliwa na mzazi na LEA inapohitajika kwa huduma za mpito na huduma zingine za jumuiya

Tunapendekeza mipangilio ifuatayo kwa ajili ya mkutano wa timu ya IEP:

Tarehe: _____

Eneo: _____

Saa: _____

MAELEKEZO YA MZAZI/MLEZI/MZAZI MBADALA:

Tafadhali jibu taarifa na mwaliko huu kwa kutia alama kwenye chaguo lifaalo hapa chini na kurejesha fomu hii (kutuma barua au ana kwa ana) kwa haraka iwezekanavyo. Tafadhali tia saini na tarehe.

I. Mahudhurio Yangu

Nitahudhuria mkutano.

Sitahudhuria mkutano.

Ningependa kuhudhuria mkutano, lakini wakati huu na/au eneo halifai. Napendelea tukutane tarehe ifuatayo: _____

na saa: _____

Tafadhali wasiliana nami ili kufanya mipangilio mbadala.

II. Usaidizi

Nitahitaji mkalimani.

Nitahitaji usaidizi ufuatao ili niweze kushiriki:

TIA SAINI HAPA:

_____ Saini ya Mzazi/Mlezi/Mzazi Mbadala:

_____ Tarehe (mm/dd/yy)

TAFADHALI REJESHA FOMU HII KWA:

Jina na Cheo: _____

Anwani: _____

Nambari ya

Simu: _____

MWALIKO WA KUSHIRIKI KATIKA MKUTANO WA TIMU YA IEP AU MKUTANO MWINGINE

Jina la Mtoto:

Nakala ya *Taarifa ya Ulinzi wa Utaratibu* inapatikana baada ombi kutoka kwa shule ya mtoto wako. Hati hii inaelezea haki zako, na inajumuisha mashirika ya utetezi za serikali na za mitaa ambazo yanapatikana kukusaidia kuelewa haki zako na jinsi mchakato elimu maalumu unavyofanya kazi.

Kupata usaidizi wa kuelewa fomu hii, Mwaliko uliofafanuliwa wa Kushiriki katika Mkutano wa Timu ya IEP unapatikana kwenye tovuti ya PaTTAN katika www.pattan.net. Chagua Kichupo cha Kisheria, kisha uchague Fomu, na uchague kikundi cha umri na lugha. Ikiwa hauna ufikiaji wa Intaneti, unaweza kuomba fomu iliyofafanuliwa kwa kupigia PaTTAN katika 800-441-3215.