

**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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*For LEA Use Only:*  
 Date of Receipt of Parental  
 Response to Invitation

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](http://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.

参加 IEP 团队会议或其他会议的邀请函

孩子的姓名：

参加个性化教育计划 (IEP)  
团队会议或其他会议的邀请函

学龄

孩子的姓名： \_\_\_\_\_

寄送日期 (月/日/年)： \_\_\_\_\_

父母/监护人/代理人的姓名和地址：  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

仅限 LEA 使用：  
收到家长对邀请的答复日期

致

在此我们想邀请您参加 IEP 团队会议，就您孩子的特殊教育计划和服务进行讨论。

本次会议的目的是：（请勾选所有适用项）

制定 IEP，如果您的孩子有资格或继续有资格获得特殊教育和相关服务。

讨论您的孩子当前 IEP 的可能变化， 并根据需要进行修改。

过渡规划。 如果您的孩子在本 IEP 期间至少达到年满 14 岁，IEP 团队将根据过渡评估和过渡服务制定高等教育目标，以促进其从学校的活动转向学校毕业后的活动。您的孩子被学校邀请参加此会议，并被列入下面所列出的受邀 IEP 团队成员名单中。

过渡服务。 如有必要，并征得您的同意，可能提供或支付过渡服务的其他公共机构的职员将被邀请参加 IEP 团队会议。 我们邀请以下所列的来自机构的代表：

\_\_\_\_\_  
 其他 \_\_\_\_\_

IEP 团队会议 - 受邀 IEP 团队成员

作为家长，您是您孩子的 IEP 团队的成员，我们作为地方教育机构 (LEA) 希望您参加 IEP 团队会议。下面列出的是我们邀请的其他团队成员，包括您的孩子（如果其年满 14 岁）。此外，您可以带其他对您的孩子有知识或专业知识的人参加 IEP 团队会议。如果您对此有任何疑问或意见，请尽快与 LEA 联系。

所担任角色	名字
LEA 代表处	
特殊教育教师	
通识教育教师	
儿童 *	
资优教师 **	

所担任角色	名字
社区代理代表 ***	
职业/技术编辑代表 ***	
其他	

\*根据联邦和州法规的要求，LEA 邀请您的儿子/女儿参加 IEP 会议，届时将对其的过渡服务和高等教育毕业后的目标进行考虑。过渡服务和高等教育毕业后目标可以在任何年龄予以考虑，但必须包含在您的孩子年满 14 岁时所生效的第一份 IEP 中。

**参加 IEP 团队会议或其他会议的邀请函**

孩子的姓名：

\*\*在为同样资优的残疾学生制定 IEP 时，需要资优的老师。

\*\*由家长和 LEA 根据过渡服务和其他社区服务的需要确定

我们建议 IEP 团队会议做出以下安排：

日期： \_\_\_\_\_  
地点： \_\_\_\_\_  
时间： \_\_\_\_\_

请见给父母/监护人/代理人的说明：

请勾选下面的相应选项并尽快（通过邮件或当面）寄还此表格来对此通知和邀请函作出答复。请签名并注明日期。

**I. 我的出席情况**

- 我将出席会议。
- 我不会参加会议。
- 我希望参加会议，但这次和/或地点不方便。我更喜欢见面  
在以下日期： \_\_\_\_\_  
和时间： \_\_\_\_\_  
请与我联系以做出其他安排。

**II. 通融条件**

- 我需要一名口译员。
- 我需要以下通融条件，以便我可以参加：  
\_\_\_\_\_

请在这里签名：

\_\_\_\_\_  
家长/监护人/代理人签名

\_\_\_\_\_  
日期（月/日/年）

请将此表格寄回至：

姓名和职务： \_\_\_\_\_ 电话号码： \_\_\_\_\_  
地址： \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 参加 IEP 团队会议或其他会议的邀请函

孩子的姓名：

您可向您孩子的学校索取《程序保障通知》的副本。该文件解释了您的权利，并包括州和地方倡权组织，这些组织可以帮助您了解您的权利以及特殊教育过程的运作方式。

为了帮助理解此表格，您可以在 PaTTAN 网站 [www.pattan.net](http://www.pattan.net) 上找到带注释的参加 IEP 团队会议的邀请函。请选择“Legal”选项卡，然后选择“Forms”，然后选择年龄组和语言。如果您无法上互联网，可以通过致电 800-441-3215 致电 PaTTAN 来请求获取这份带注释的表格。