



INVITATION TO ATTEND INDIVIDUALIZED EDUCATIONAL PLANNING TEAM MEETING

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
Phone (989) 354-3101/Fax 356-3385

STUDENT:		DATE:
PARENT(S):		
STREET ADDRESS		PHONE:
CITY, STATE, ZIP		

Dear Parent/Guardian/Student of Age:

You are invited to participate in an individualized education planning (IEP) team meeting for (student) _____.

We would like to hold this meeting on (date) _____ at (time) _____ at (location) _____.

Purpose(s) of the Meeting:

- To determine eligibility for special education programs or related services, and if appropriate, to develop an individual education plan (IEP) for the student.
- To review, revise and develop the student's individualized education plan (IEP).
- To determine the need for, and if necessary, plan an evaluation of the student.
- To consider the need for a change in the educational status of the student.
- To discuss the development or revision of a transition services.
- To determine if specific problem behaviors are a manifestation of the student's disability.
- Other: _____

The following people are invited to attend this meeting. (Note: Districts are required to invite the student to participate if a purpose of the meeting is to discuss transition services.)

<u>Name</u>	<u>Role/Responsibility at the Meeting</u>
_____	Student (if appropriate)
_____	District representative
_____	Regular education teacher
_____	Special education teacher
_____	Person who can interpret implications of test results
_____	_____
_____	_____

You are an important part of this team meeting and we invite you to help us make decisions that will benefit your student. You may invite anyone to this meeting, including individuals whom you feel may have knowledge or special expertise regarding the student. Should you plan to invite additional persons to this meeting, we would appreciate your letting us know. The enclosed booklet, "Working Together," includes procedural safeguards and sources to help parents understand their rights.

If you have questions, contact _____ at _____

Please check the appropriate box below, sign your name and date. Return this form so we know whether you will be able to attend.

- I will attend the meeting as scheduled.
- I will NOT attend the meeting. Please proceed without me. I understand I will be given official notice of the results of the meeting.
- I would like to attend, but I need to have the meeting rescheduled. A better time would be _____

Please contact me at _____

Parent/Guardian/Student of Age Signature

Date

**PLEASE RETURN ONE COPY IN THE ENCLOSED SELF-ADDRESSED STAMPED ENVELOPE.
KEEP THE OTHER COPY FOR YOUR RECORDS.**

Some sources to help parents understand procedural safeguards:
AMA ESD Director of Special Education and/or PAC (989) 354-3101
Parents Sharing Parents Support (800) 221-9105

Your local school principal
Michigan Protection & Advocacy (800) 288-5923