

**YUBA COUNTY SELPA
PARENT AND STAFF NOTICE OF IEP MEETING**

Dear Parent or Guardian:

You are invited to be a participant in a planning meeting for _____ Birthdate: _____
You are welcome to invite any other person(s) to attend on behalf of your child's educational needs.

Day/Date: _____
Time: _____
Location: _____

The purpose of the meeting is to:

- Review assessment information and consider your child's possible need for special education services. If appropriate, we will be developing an Individualized Education Program and/or Individual Transition Plan that will describe the goals, objectives, and services to be offered to your child.
- Review your child's current educational progress in the program that was previously developed.
 - Interim IEP Annual Review 3 Year Review Change in IEP/ITP
 - Behavior Plan Pre Expulsion Assessment/IEP Transition Planning
 - Requested By: _____ Other: _____

The following people have been invited to attend:

- | | |
|---|---|
| <input type="checkbox"/> _____
Special Education Teacher | <input type="checkbox"/> _____
School Psychologist |
| <input type="checkbox"/> _____
General Classroom Teacher | <input type="checkbox"/> _____
Language, Speech & Hearing Specialist |
| <input type="checkbox"/> _____
Special Education Administrator | <input type="checkbox"/> _____
Nurse |
| <input type="checkbox"/> _____
General Education Administrator | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____
Student | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

I will be glad to assist with any questions you may have. Please call _____ to confirm or reschedule this meeting.

Parent(s): _____
Address: _____ _____
Phone: _____
Home Language: _____

Sincerely,

_____ (Date)