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| **STUDENT NAME:** | | | **SIMS:** |
| **PARENT/GUARDIAN NAME:** | | | **DATE SENT:** |
| **SCHOOL DISTRICT:** | | **SCHOOL:** | |
| **DOB:** | **AGE:** | | **GRADE:** |
|  | | | |

A meeting has been scheduled on (date and time)        at        am/pm, CST/MST.

The meeting will be held at (location)        in       .

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| **PURPOSE FOR MEETING:** |
| ☐ Discuss evaluation results  ☐ Determine eligibility for special education/related services  ☐ Develop an Individual Education Program (IEP)  ☐ Amendment to your child’s IEP  ☐ Transition planning (consider postsecondary goals and transition services): For a child who is or will be 16 years of age or older during the duration of this IEP  ☐ Other (specify) |

**As required by federal and state law, in addition to you, we will have the following people at the IEP meeting:**

☐ General Education Teacher ☐ Special Education Teacher or Provider ☐ School Representative

☐ Individual who can interpret the evaluation results

☐ Other (include titles of individuals):       ,       ,

**If the purpose of the meeting is the consideration of post-secondary goals and transition services for your child, we will be inviting**        **(student) to attend the meeting.**

**With parent consent, the following agency(ies) representative(s) have been invited to attend the meeting:**

      ,       ,

Parents may invite other individuals who have knowledge or special expertise regarding their child, including related service personnel as appropriate. For the initial IEP of a child previously served in Part C, at the request of the parent, the school district will invite the Part C service coordinator/representative.

If these arrangements are not convenient for you, please contact        at       .

**Parental Rights Resources:**

You have protections under procedural safeguards. If you need a copy of these procedural safeguards or assistance understanding your protections, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553.

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| **(District Reference Only) Reasonable effort was made to gain parent participation:**  1st Contact Date        Method        Response  2nd Contact Date        Method        Response  3rd Contact Date        Method        Response |

*(The section below is not a State requirement; it is a District option for documenting parental participation.)*

**Parent/Guardian Acknowledgement of Notice for (student name)**       **:**

☐I will attend the meeting as scheduled.

☐ I will participate in the meeting by phone or other means. I can be reached at the following phone number on the date/time mentioned above        .

☐ I am unable to attend the meeting as scheduled above and would like to reschedule the meeting to another date and time. I am available to attend a meeting on the following dates and times       .

☐ I am unable to attend the meeting to develop, review, or revise the IEP. I understand the meeting will proceed without my attendance. I will receive a copy of the IEP after the meeting is conducted.

(Signature) Parent/Guardian         Date