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## Eastern Illinois Area of Special Education

5837 Park Drive, Suite 1

Charleston, IL 61920

Phone: (217) 348-7700 - FAX: (217) 348-7704

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### Parent/Guardian Notification of Conference

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NAME OF CHILD	DATE OF BIRTH	DATE

Dear \_\_\_\_\_

In order to discuss the educational needs of your child, you are invited to attend an IEP conference meeting to be held:

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*Building, Room and Address*

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*Month/Date/Year and Time*

You are a participant on the IEP Team which will meet to address the purpose as indicated in the next section. You have the right to bring other individuals who have knowledge or special expertise regarding your child. If you plan to bring other individuals, please notify the individual indicated below prior to the meeting so arrangements and accommodations for participants can be made. If these meeting arrangements are not agreeable and/or you require an interpreter or translator, please contact the individual indicated below.

The purpose of this conference is to:

- Review your child's educational status and determine what additional data, if any, are needed to complete your child's evaluation.
- Review your child's recent evaluation to determine, reconsider, or change your child's eligibility for special education and related services.
- Review your child's eligibility and needs for special education and related services.
- Review and/or develop your child's Individualized Education Program (IEP) and determine the child's educational placement.
- Consider postsecondary goals and transition services (beginning at age 14 1/2).
- Consider relatedness of disability to disciplinary code violation(s).
- Consider the need for a functional behavioral assessment for your child.
- Review a need to create or revise a behavior intervention plan for your child.
- Review your child's recent change of placement due to suspension.
- Determine the location of the interim alternative educational setting.
- Review anticipated date of graduation.
- Other \_\_\_\_\_

The invited individuals and their titles are listed below. If one of the individuals listed below is unable to attend due to unforeseen circumstances, the district will designate an appropriate and suitable replacement to attend the IEP meeting. Any student age 14 1/2 and older must be invited to any meeting if the purpose of the meeting is to consider transition service needs.

<i>Name</i>		<i>Name</i>	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

You and your child have protection under the procedural safeguards of special education regulations. The school district must provide you a copy of **Explanation of Procedural Safeguards** once a year. Please contact the district if you need a copy of **Explanation of Procedural Safeguards**.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Sincerely,