**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**

|  |  |  |
| --- | --- | --- |
| STUDENT’S NAME: |  |  |
| DATE: |  | TIME: |  | LOCATION: |  |  |
| **The purpose of this meeting is to:** | **The following people will be invited tomeet with us*:*** |
| [ | ] | Determine If Referral Requires Evaluation\* | [ | ] | Local Education Agency (LEA) Representative |
| [ | ] | Discuss The Need For Additional Data Collection | [ | ] | Someone Who Can Interpret The Instructional Implications Of The Evaluation Results |
| [ | ] | Determine Initial Or Continued Eligibility | [ | ] | General Education Teacher |
| [ | ] | Develop Initial IEP Or Review/Revise IEP | [ | ] | Special Education Teacher |
| [ | ] | Conduct Manifestation Determination | [ | ] | Parent |
| [ | ] | Develop Functional Behavioral Assessment Plan | [ | ] | Student |
| [ | ] | Develop/Revise Behavioral Intervention Plan | [ | ] | Career/Technical Representative |
| [ | ] | Discuss Transition/Postsecondary Services | [ | ] | Other Agency Representative(s) For Transition\*\* |
| [ | ] | Conduct a Resolution Session |  |  |  | Agency Name |  |  |
| [ | ] |  |  | [ | ] |  |  |  |
| [ | ] |  |  | [ | ] |  |  |  |
| [ | ] |  |  | [ | ] |  |  |
|  |  |  |  |  |  |  |

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the *initial* IEP Team meeting. Please contact the individual below if you would like to invite someone from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. You may access another copy of your rights at www.alsde.edu. Once in the Web site, select Sections/Special Education/Forms. If you cannot access the Web site and want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | at |  |  |
| (Name) |  |  |  | (Telephone) |
|  |

Signature of Education Agency Official \* Enclosure: *Special Education Rights*

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| **PARENT - STUDENT** |
| Please **check one** of the following boxes, sign, date, and return this form to |  |
|  | before |  |  |
|  |  |  |  |
|  | [ | ] | I **WILL BE ABLE TO MEET WITH YOU**. |
|  | [ | ] | I **CANNOT** meet at the date and time indicated. Please contact me to arrange another time*.* |
|  | [ | ] | I **WILL NOT BE ABLE TO MEET WITH YOU**. I will contact you if I want more information. |
|  |
| Please **check one** of the following boxes if agencies\*\* are indicated above: |
|  | [ | ] | I **GIVE CONSENT** for representatives from other transition agencies indicated above to attend the meeting. |
|  |  |  | (EXCLUDING the following agencies: |  | ) |
|  | [ | ] | I **DO NOT GIVE CONSENT** for representatives from other transition agencies indicated above to attend the meeting. |
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| Documented attempts to contact parent/student (age 19) for the IEP Team meeting.  |  |  |  |
| Date Notice Sent |  |  |  |  |  |
| Results of 1st Attempt |  |  |
| 2nd Attempt Date |  | Action |  |  |
| Results of 2nd Attempt |  |  |
| Documented attempts to contact student/agency for an IEP Team meeting including transition services. |  |
| Student was notified on |  | via |  |  |
| Agency was notified on |  | via |  |  |
|  |  |  |  |  |