

MEETING NOTICE
ARSD 24:05:27:01.01 & 24:05:25:16

| | | |
|------------------------------|----------------|-------------------|
| 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: |
| <input type="checkbox"/> Discuss evaluation results <input type="checkbox"/> Determine eligibility for special education/related services <input type="checkbox"/> Develop an Individual Education Program (IEP) <input type="checkbox"/> Amendment to your child’s IEP <input type="checkbox"/> 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 <input type="checkbox"/> 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 name)** _____ 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.

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

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(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.

Parent/Guardian _____ Date _____