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 _____.

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.

(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 _____

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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.

(Signature) Parent/Guardian _____ Date _____