

2. An IEP meeting will be held on _____ (date), at _____. If the time and place of the IEP meeting are not convenient, please advise immediately by calling the undersigned at _____ (phone number) within 24 hours of receiving this letter.
3. You may request that the meeting be postponed for up to three additional school days. If you make such a request, your child's suspension will be continued during the three-day postponement.
4. You may ask a representative to appear at the meeting on your behalf.
5. If you do not request a continuance immediately or appear at the IEP meeting in person or through a representative, the meeting will be held without your participation.
6. You have the right to participate in the IEP team meeting concerning this proposal and to appeal any IEP team decisions or recommendations with which you disagree to the California Department of Education, which will schedule a due process hearing to resolve the issues.

Such an appeal must be made in writing addressed to:

Superintendent of Public Instruction
California Department of Education
721 Capitol Mall
P.O. Box 944272
Sacramento, California 94244-2720

A copy of the request must be sent to the local school district Superintendent and the CAPISTRANO UNIFIED SCHOOL DISTRICT SELPA Director.

THE WRITTEN APPEAL MUST BE DELIVERED OR POSTMARKED NO LATER THAN 15 DAYS FOLLOWING THE DATE OF THE IEP MEETING.

7. You also have the right to appeal any decision from the California Department of Education resulting from a due process on the issues with which you disagree to state or federal court. If you are represented by counsel in these proceedings and prevail, you are entitled to be reimbursed for attorney's fees.

Administrator/Designee

Required attachments:

SpEd 8 Parent/Guard. Notice of Individ. Ed. Progrm/Trans. Plan - Team Mtg.
SpEd 24 Parent Rights