

Capistrano Unified School District
San Juan Capistrano, California

Parent/Guardian Notice of Individualized Education Program/Transition Plan - Team Meeting

- Initial
- Review
- Transition
- Triennial

To the Parents of: _____

Date: _____

We are planning a meeting of the Individualized Education Program Team concerning your child. You are invited to attend and participate in this meeting.

We have scheduled the meeting for

Date: _____

Time: _____

Place: _____

The purpose of this meeting is: to review assessment results; to discuss or review your child's need for special education and/or services; to recommend an appropriate education placement and, if special education is necessary, to write an Individualized Education Program, and/or an Individualized Transition Plan. Other:

(if this meeting is being held for any limited purpose, describe it on the lines above)

We anticipate that the following individuals will be in attendance:

- | | |
|---|---|
| <input type="checkbox"/> Administrator(s)/Designee(s) | <input type="checkbox"/> Speech-Language Pathologist(s) |
| <input type="checkbox"/> Special Education Teacher(s) | <input type="checkbox"/> Resource Specialist(s) |
| <input type="checkbox"/> Regular Classroom Teacher(s) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School Psychologist(s) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Student | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

You may bring a representative with you or you may designate another person to be your representative if you are unable to attend. A copy of parent rights has been enclosed for your review.

If you would like further information about the purpose of this meeting, please contact:

_____ at _____

Sincerely, _____

Please keep the gold copy and return all other copies.

- I plan to attend the meeting
- I do not plan to attend the meeting but request that the meeting be held in my absence
- This time/date would be difficult for me to attend; I will call you for an alternate time/date
- I will send a representative: _____

Name of Representative

Parent's Signature

Student's Name

Date