

Escambia County School District ESE Department

Meeting Notices

Quick Start Guide

Revised October 2019

Meeting Notices Quick Start Guide

Page 1 of 2 of the Meeting Notice:

1. Student Demographics: the student demographic information will prepopulate based on information inputted into PEER. Be sure to double check FOCUS that the student demographic information is current in PEER.

Individual Educational Plan (IEP)

Meeting Notice

Date of Notice: School:

Student Information:

(Name) (Student ID) (DOB)

2. Date, Time, Location: the meeting notice will prepopulate will the date, time, and meeting location inputted into PEER. Be sure parent is given a two week notice of meeting (at least one written copy). The second attempt to invite parent must be documented in the “comments” section of the meeting notice. If a parent waives their right to a two week notice, this must also be documented in the “comments” section of the meeting notice.

Dear Parent/Guardian:

As the parent/guardian of a student with a disability, you have the right and are encouraged to participate in meetings regarding the exceptional education and placement of your son/daughter as specified in State Board of Education Rules 6A-6.03028, Florida Administrative Code (F.A.C.) and Section 300.501 of Title 34 of the Code of Federal Regulations (34 CFR §300.501). You are invited to participate in a meeting to discuss your child at the date, time, and place noted below. You may bring another person(s) with knowledge or specific expertise regarding your student to the meeting.

The meeting date has been scheduled for (date) at (time) in/at (location)

3. Meeting Purposes: the meeting notice will be prepopulated with the meeting purposes indicated in PEER. Be sure to indicate ALL purposes of meeting on meeting notice.

The purpose(s) of the meeting is/are:

4. Individuals invited to meeting: Individuals listed in PEER in the **required** section will print on the notice with an X and an * next to their name. Individuals listed in PEER as **invited but not required** (i.e. related service providers who did not test the student) will print only with an X. Required IEP team members include: LEA, general education teacher, ESE teacher, interpreter of results (may also be ESE teacher) and any service provider who evaluated the student. Students begin being invited to the meeting when they are 14 years of age.

The following individuals have been/will be invited to attend (X):

Required IEP Team Participants	Other Invited IEP Team Participants
Parent(s):	
*Student	
**General Education Teacher	
ESE Teacher/ ESE Provider	
Local Educational Agency Representative	
Interpreter of Instructional Implications of Evaluation Results	
Other:	

5. Procedural Safeguards: the parent was provided a copy of their procedural safeguards along with two points of contact for follow-up support.

As a parent of a student with a disability, you have specific rights and protections which are described in the Notice of Procedural Safeguards for Parents of Students with Disabilities. A copy of the procedural safeguards is attached or has been provided to you in the following way:

[Redacted]

Should you want additional copies or assistance in understanding your rights, please contact either of the sources listed below:

[Redacted] [Redacted]

If the meeting date, time, or place is not convenient for you, please contact us to make alternative, mutually agreeable arrangements.

Please respond by returning the second page of this form to your child's school.

Sincerely,

[Redacted]

Page 2 of 2 of the Meeting Notice:

6. The student demographics, meeting date/time/location, and individuals invited to the meeting print again on the second page.

Individual Educational Plan (IEP)

Meeting Notice

Date of Notice: [Redacted] School: [Redacted]

Student Information: [Redacted] [Redacted] [Redacted]
 (Name) (Student ID) (DOB)

The meeting date has been scheduled for (date) [Redacted] at (time) [Redacted] in/at (location) [Redacted]

The purpose(s) of the meeting is/are: [Redacted]

The following individuals have been/will be invited to attend (X):

Required IEP Team Participants		Other Invited IEP Team Participants	
<input type="checkbox"/>	Parent(s): [Redacted]	<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	*Student [Redacted]	<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	**General Education Teacher [Redacted]	<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	ESE Teacher/ ESE Provider [Redacted]	<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	Local Educational Agency Representative [Redacted]	<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	Interpreter of Instructional Implications of Evaluation Results [Redacted]	<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	Other: [Redacted]	<input type="checkbox"/>	[Redacted]

7. IEP Team Member Participation: The next section of the meeting notice allows parents to consent or not consent to excusing team members from the meeting. Parents may excuse required members of the team from the meeting but must do so in writing. Any excused members of the team must still provide written input into the meeting.

IEP Team Member Participation

Pursuant to 34 CFR §300.321(e), a member of the IEP team may not be required to attend the meeting or may be excused from attending the meeting with the written agreement or consent of the parent.

The school district requests that the following member(s) not be required to attend the meeting because their area(s) of curriculum or related services is/are not being modified or discussed. Please check one, if applicable:

- I agree that attendance is not required.
- I do not agree that attendance is not required.

The school district requests that the following members be excused from the IEP Team meeting; their area(s) of curriculum or related services is/are being modified or discussed in this meeting. Please check one, if applicable:

- I consent to this/these excusal(s).
- I do not consent to this/these excusal(s).

8. Outside Agency Representatives: if the school wishes to invite an outside agency representative, the parent must provide written consent to their attendance.

Outside Agency Representatives

Pursuant to 34 CFR §300.321(b) (3), your consent is required to invite an outside agency representative to the IEP team meeting. Please indicate your consent for the individuals/agencies listed below to be invited and participate in this meeting. Please check one, if applicable:

- I consent to invite the representative(s) to attend this IEP team meeting.
- I do not consent to invite the representative(s) to attend this IEP team meeting.

9. Meeting Participation: The parent will indicate their response to the meeting notice (will attend, need to reschedule, etc.).

Meeting Participation (Please check all that apply)

- I will attend at the scheduled date and time. I plan to bring: _____ Title/Role: _____
- I will not be able to attend at the scheduled date and time. I would like to reschedule. I am available at the following date and time: Date: _____ Time: _____
- I will not be able to attend and understand the meeting will be held as scheduled. I give my permission for the meeting to take place without me.
- I will not be able to attend, but would like to participate by telephone. Please contact me at the following number: _____
- I will not be able to attend; please call me for input regarding my child. Please contact me at the following number: _____
- I need a foreign/sign language interpreter for the following language/mode of communication: _____
- I wish to provide written input regarding my child: (please attach)

Signature of Parent/Guardian/Surrogate Parent

Contact Phone

Date