

BARRON COLLIER HIGH Meeting Notice

Notice 1: April 26, 2010 SAMPLE	Notice 2:	Notice 3:
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Name: kiddo a	ID: bills1	DOB: 07/13/1989
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Dear: kiddo a

We would like to invite you to participate as an equal partner at a meeting to discuss your student 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.

IEP information, training, and support for parents is available through the Parent Education Network (PEN) of Family Network on Disabilities (FND). For more information, contact the FND Parent Liaison at (239) 417-3636 or an FND Parent Educator Exceptional Resource (PEER) parent at 776-4104 or 777-0731. You may also want to visit <http://www.collierstc.com/>.

Reason for Meeting:

SAMPLE

The meeting is scheduled for April 28, 2010 at 01:00 AM at SAMPLE

The following people are invited to attend:

LEA Representative: SAMPLE

Evaluation Interpreter: SAMPLE

Title

- FATHER
- Student
- Administrator
- Special Education Teacher
- Administrator
- School Psychologist

The following IEP committee member(s) is excused in whole or in part from attending the IEP meeting, since the member's area of curriculum or related services will not be discussed or modified.

The following IEP committee member(s) is excused in whole or in part from attending the IEP meeting when the meeting involves a modification to or discussion of the member's area of curriculum or related services, if: 1) the parent and LEA consent to the excusal; and 2) the member submits, in writing to the parent and IEP team, input into the development of the IEP prior to the meeting.

I give my consent for the excusal of the above mentioned IEP committee member(s).

Parent/Guardian Signature	Date	LEA Representative	Date
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I do not give my consent for the excusal of the above mentioned IEP committee member(s).

Parent/Guardian Signature	Date	LEA Representative	Date
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I give permission for the above mentioned agency representative to attend my student's/my IEP meeting for the purpose of developing post secondary goals and transition services needed to assist my student/me in reaching

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his/her/my goals.

Your granting of consent is voluntary and may be revoked at any time.

Please call to confirm your attendance at the meeting, inform the team if you plan to bring an attorney or other persons to the meeting, request accommodations for a person with a disability and/or request an interpreter. If the meeting date, time, or place is not convenient for you, we will make alternative, mutually agreeable arrangements.

When school to post school transition services are being considered, the purpose of the meeting will be the consideration of postsecondary goals and transition services and your child will be invited. Under the Individuals with Disabilities Education Act (IDEA) 2004 and State law, when a legally competent student turns the age of majority (age 18), he/she has all rights pertaining to education transferred to him/her, including a copy of this and other notices/consents.

McKay Scholarships are available for eligible students with disabilities to attend an eligible public or private school of their choice. To obtain more information about the school choice programs log onto the www.floridaschoolchoice.org website or call the FL Department of Education School Choice office: 1-800-447-1636.

**Parents of a child with a disability have protections under the Procedural Safeguards of the Individuals with Disabilities Education Act 2004 (IDEA 2004). These are available at <http://www.fldoe.org/ese/doc/procedural.doc>

If you have any questions, please contact me at:

Sincerely,

SAMPLE
SAMPLE
SAMPLE

2nd Contact: SAMPLE
SAMPLE
SAMPLE

Enclosure: Procedural Safeguards

