Your School	District SpEd 4a 04.08
Your City	
	Notice of Meeting for Adult Student
Γο Adult S	tudent Date
You are in	vited to a meeting to:
	Review evaluation / re-evaluation data and consider your eligibility for special education and related services.
<u>lf \</u>	vou are determined to be eligible, the team will also:
	Discuss / develop an individualized education program (IEP) for you, and consider your educational placement. Enclosed is a copy of the Procedural Safeguards.
	Consider transition services, including post-secondary goals.
	☐ An outside agency representative will be invited, as described below, with your consent (see attached consent form).
	Discuss your educational placement.
	Other
	ng is scheduled as follows: Time Location
Participan	ts we expect to be in attendance, who will be invited by school personnel:
□ LEA Re	epresentative
☐ Special	Education Teacher
	r Education Teacher
	(as appropriate)
	Position/Agency
	Position/Agency
	Position/Agency
	Position/Agency
Name	Position/Agency
Name	Position/Agency
	If any IEP team member will not be attending the IEP meeting, complete and attach the form "IEP team member not attending" prior to the meeting.
	oring other individuals who have knowledge or special expertise regarding your background. If you plan to this is not a convenient time and place, please contact:
	at: