

DRAFT

**SAN FRANCISCO UNIFIED SELPA
INDIVIDUALIZED EDUCATION PROGRAM - NOTICE OF MEETING**

Student Name: [REDACTED]**Birthdate:** [REDACTED]**IEP Date:** 4/22/2021
☒ Initial ☐ Annual ☐ Triennial ☐ Transition Planning ☐ Pre-Expulsion ☐ Interim ☐ Other
Address: [REDACTED]**Dear:** [REDACTED]**Today's date:** 4/8/2021

An Individual Education Program (IEP) Meeting has been scheduled for the above student. Your participation is important in the development of an appropriate education. The student could benefit from participation in the IEP Meeting and is invited to attend. Secondary students age 15 or older should attend the IEP Team meeting as appropriate. You have the right to have other individuals present who have knowledge or special expertise relating to the above student. If this is the initial IEP meeting and the student was receiving services under Part C, through an IFSP you may request that the district invite the Part C Service Coordinator or other representative. You have the right to get a translated copy of the completed IEP after the meeting. You may sign the IEP but are not required to at the meeting. If you decide not to sign, services will not begin until the IEP is signed by the parent/guardian.

Date: 4/22/2021**Time:** 9:30am**School/Location:** Zoom link**Room:**

We anticipate that the following members may also attend:

[REDACTED] Special Education ContentAdministrator/Designee Specialist/Especialista en contenido de educación especialOther Spanish Interpreter/Intérprete de españolSpecial Education
TeacherOther [REDACTED] Lead Community Organizer,
[REDACTED]General Education
Teacher

Other

Student

Other

Psychologist

Other

[REDACTED] M.S., Speech-LanguageSpecialist Pathologist-CF /Patólogo del habla y lenguaje-
CF

Other

NOTICE: If you wish to audio tape this meeting, you must provide 24 hour notice, we will also audio tape the meeting.

If you would like further information about your Procedural Safeguards or the purpose of this meeting, please call:

Name: [REDACTED]

Title: Speech-Language Pathologist/Patólogo del habla y lenguaje-CFSchool/District: San Francisco Unified School District

Phone: [REDACTED]

Please complete and sign this form, and return to: [REDACTED]

Check the following items, as appropriate

- ☐ YES, I plan to attend the meeting.
- ☐ YES, I plan to attend the meeting and bring the following additional attendees:
- ☐ I do not plan to attend the meeting, but I am available by teleconference.
- ☐ I require assistance of an interpreter. (Language)
- ☐ I request a different time and/or place. Please call me at home work
- ☐ I give my consent for the district to invite other agency personnel to attend the meeting if secondary transition is being addressed.

Signature: _____

Date: _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student☐ **NO**, I cannot attend the meeting, but hereby give my permission for the meeting to be held without me (CFR 300.322d).

I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

☐ **NO**, I cannot attend, but I will send _____ as my representative to speak for me.

I understand the IEP and related documents from this meeting will be provided to me for my signature, and I agree to return them in a timely manner.

Signature: _____

Date: _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

☐ Attached is a translated template of an IEP for your review prior to the meeting
[Template provided to parents/guardians only in available languages.]