MEETING NOTICE
ARSD 24:05:27:01.01 & 24:05:25:16

STUDENT NAME: SIMS:
PARENT/GUARDIAN NAME: DATE SENT:
SCHOOL DISTRICT: SCHOOL:
DOB: AGE: GRADE:

A meeting has been scheduled on (date and time) _________ at __________ am/pm, CST/MST.
The meeting will be held at (location) __________ in __________.

PURPOSE FOR MEETING:
☐ Discuss evaluation results
☐ Determine eligibility for special education/related services
☐ Develop an Individual Education Program (IEP)
☐ Amendment to your child’s IEP
☐ Transition planning (consider postsecondary goals and transition services): For a child who is or will be 16 years of age or older during the duration of this IEP
☐ Other (specify) ____________________________

As required by federal and state law, in addition to you, we will have the following people at the IEP meeting:
☐ General Education Teacher ☐ Special Education Teacher or Provider ☐ School Representative
☐ Individual who can interpret the evaluation results
☐ Other (include titles of individuals): __________, __________, __________

If the purpose of the meeting is the consideration of post-secondary goals and transition services for your child, we will be inviting __________ (student) to attend the meeting.

With parent consent, the following agency(ies) representative(s) have been invited to attend the meeting:
____________, ______________, ____________

Parents may invite other individuals who have knowledge or special expertise regarding their child, including related service personnel as appropriate. For the initial IEP of a child previously served in Part C, at the request of the parent, the school district will invite the Part C service coordinator/representative.

If these arrangements are not convenient for you, please contact __________ at ____________.

Parental Rights Resources:
You have protections under procedural safeguards. If you need a copy of these procedural safeguards or assistance understanding your protections, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553.

(District Reference Only) Reasonable effort was made to gain parent participation:
1st Contact Date _________ Method _________ Response _________
2nd Contact Date _________ Method _________ Response _________
3rd Contact Date _________ Method _________ Response _________

South Dakota Department of Education Revised – April 2013
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(The section below is not a State requirement; it is a District option for documenting parental participation.)

Parent/Guardian Acknowledgement of Notice for (student name) ____________:

☐ I will attend the meeting as scheduled.
☐ I will participate in the meeting by phone or other means. I can be reached at the following phone number on the date/time mentioned above _________________________________.
☐ I am unable to attend the meeting as scheduled above and would like to reschedule the meeting to another date and time. I am available to attend a meeting on the following dates and times ____________.
☐ I am unable to attend the meeting to develop, review, or revise the IEP. I understand the meeting will proceed without my attendance. I will receive a copy of the IEP after the meeting is conducted.

(Signature) Parent/Guardian __________________________________________ Date ____________