

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

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

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

<b>PURPOSE FOR MEETING:</b>
<input type="checkbox"/> Discuss evaluation results <input type="checkbox"/> Determine eligibility for special education/related services <input type="checkbox"/> Develop an Individual Education Program (IEP) <input type="checkbox"/> Amendment to your child's IEP <input type="checkbox"/> 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 <input type="checkbox"/> 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.

<b>(District Reference Only) Reasonable effort was made to gain parent participation:</b>		
1 <sup>st</sup> Contact Date _____	Method _____	Response _____
2 <sup>nd</sup> Contact Date _____	Method _____	Response _____
3 <sup>rd</sup> Contact Date _____	Method _____	Response _____



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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 \_\_\_\_\_