



Exceptional Student Education
PEER Backup IEP Meeting Notice

School: \_\_\_\_\_ Date of Notice: \_\_\_\_\_
Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Parent(s)/Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_

Dear Parent/Guardian/Student:

Parents of students with disabilities, or students age 18 or older whose rights have transferred (see Adult Students below), have the right and are encouraged to participate in meetings regarding Exceptional Student Education (ESE) and placement. A meeting on behalf of the student named above is scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

The purpose(s) of the meeting is/are: \_\_\_\_\_

The individuals marked below are invited to attend the meeting. In addition, parents (or adult students) have the right to bring to the meeting other person(s) with special knowledge or expertise about the student.

- Parent(s)/Guardian(s):
Student
\*~ General Education Teacher:
\* ESE Teacher/Service Provider:
\* Local Educational Agency Representative:
\* Interpreter of Instructional Implications of Evaluation Results:
\* Other Required IEP Team Member(s):
Other Invited Participant(s):

\* Attendance is required unless the parent or adult student agrees or consents in writing to their absence.

~ Required for students who are or may be participating in the general education environment

IEP Team Member Participation

Pursuant to 34 CFR §300.321(e), a member of the IEP team may not be required to attend the meeting or may be excused from attending the meeting with the written agreement or consent of the parent/guardian/adult student.

- Not applicable
We request that the following be excused from this meeting. You will receive written input on his/her area of the curriculum or services before the meeting. Please indicate on the response page if you consent to this.
Member(s):
Written input is included Input will be provided prior to the meeting
We request that the following not be required to attend this meeting because his/her area(s) of the curriculum or services are not being discussed or modified. Please indicate on the response page if you consent to this.
Member(s):

Parents of students with disabilities have specific rights and protections. A copy of the procedural safeguards is attached or has been provided to you in the following way:

For additional copies or assistance in understanding your rights, please contact:

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Please complete and return the second page of this form. Sincerely, \_\_\_\_\_

Adult Students: When a student with a disability reaches the age of majority (age 18), all right previously accorded to the parent under IDEA transfer to the student. The district must provide all notices required under IDEA to the student and continue to provide a copy to the parent. (34 CFR §300.520)



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Member(s):

Meeting Participation (Please check all that apply and return this page to the school)

- I will attend at the scheduled date and time. I plan to bring:
I will not be able to attend, but will participate by telephone. At the scheduled time, please call me at:
I will not be able to attend at the scheduled date and time. I would like to reschedule for:
I will not be able to attend at the scheduled date and time. Please contact me for input regarding my child:
I will not be able to attend. Please hold the meeting without me as scheduled.
I am providing written input regarding my child. See attached.
I need a foreign/sign language interpreter for the following language/mode of communication:
I would like my Part C Early Steps Coordinator to attend. Please invite:
I have I have not received a copy of the Procedural Safeguards for Parents of Students with Disabilities or Procedural Safeguards for Exceptional Students Who Are Gifted.
I understand I do not understand the rights afforded me through the procedural safeguards.

Signature of Parent /Guardian/Surrogate parent/Student Phone Date

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