

FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM

Committee Member Notification

Name of Student:	Grade:	DOB:	School:
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Dear Committee Member:

We would like to invite you to attend a meeting scheduled for the date and time below for the reason(s) as checked:

Date:	Time:	Location:
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Note: You have the right to bring in any individual with knowledge or expertise about the child.

- Conduct an Eligibility Determination Meeting - Review results of the initial evaluation and determine eligibility for special education and related services. If the child is determined eligible, an Individualized Education Program (IEP) and Placement meeting will follow.
- Conduct an initial IEP Meeting – Develop on initial IEP
- Conduct a IEP Review Meeting - Discuss and make changes as needed to the IEP.
- Conduct an Reevaluation Meeting - Discuss the child's reevaluation and determine continued eligibility for special education and related services.

Principal/Administrator

Date

Please sign and return the original copy as soon as possible.

- Yes, I will attend the meeting.
- No, I will not be able to attend this meeting. You may conduct the meeting without me and send me copies of the results.
- I would like to reschedule the meeting.
- I would like an alternative means of participating in the IEP meeting: _____

Committee Member Signature

Date

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Name of Student:	Grade:	DOB:	School:
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Excusal of IEP Participants (Expertise Not Needed)

I, _____, agree to excuse the following IEP members from attending the IEP meeting because the member's area of the curriculum or related services is not being modified or discussed in the meeting.

Individuals to be excused:

_____	_____
_____	_____
_____	_____
Committee Member Signature/Date	Agency Representative's Signature/Date

Excusal of IEP Participants (Expert Input Needed)

I, _____, agree to excuse the following IEP members from attending the IEP meeting, even when the meeting involves a modification to or discussion of the member's area of the curriculum or related services. However, the member must submit in writing to the IEP Team, information to develop the IEP prior to the meeting.

Individuals to be excused:

_____	_____
_____	_____
_____	_____
Parent Signature/Date	Agency Representative's Signature/Date