



**West Valley School District #208**  
**Special Services**  
 1000 South 72<sup>nd</sup> Avenue  
 Yakima, WA 98908

**PURPOSE:** This invitation requests your attendance at a meeting concerning the educational program/needs of your child. You have the opportunity to participate in any meeting regarding the identification, evaluation, educational placement, and the provision of a free appropriate public education for your child.

### INVITATION TO ATTEND A MEETING

To: \_\_\_\_\_ and \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent(s)/guardian(s)/adult student    Student (if appropriate or if transition planning will be discussed)*

You are invited to attend a meeting concerning: \_\_\_\_\_  
*Student's name*

**PURPOSE OF MEETING** *(check all that apply):*

- |  |   |
|--|---|
| <input type="checkbox"/> IEP Development/Review        | <input type="checkbox"/> Discuss Special Education Referral           |
| <input type="checkbox"/> IEP Amendment                 | <input type="checkbox"/> Discuss Evaluation/Reevaluation Results      |
| <input type="checkbox"/> Secondary Transition Planning | <input type="checkbox"/> Consider Extended School Year (ESY) Services |
| <input type="checkbox"/> Manifestation Determination   | <input type="checkbox"/> Other:                                       |

The meeting has been scheduled for: \_\_\_\_\_  

*Date*
*Time*
*Location*

Meetings addressing IEPs and placement are scheduled at a mutually agreed upon place and time by you and the school district. If you are unable to attend this meeting you may request participation through other means. If you are unable to attend this meeting, please contact:

Hans Michielsen	Director of Special Services	509 965 2080
<i>Name of district personnel</i>	<i>Title</i>	<i>Phone</i>

You and the district may invite individuals to participate in the IEP team meeting who have knowledge or special expertise about your student's educational needs. You may also request, by contacting the individual named above, that a birth-to-three service coordinator be invited to participate in an initial IEP meeting if your child was previously served through an Individualized Family Service Plan (IFSP). If the district intends to invite representatives of any agency that is likely to be responsible for providing or paying for secondary transition services to the IEP meeting, your consent is required (see page two of this invitation if transition agency representatives are being invited).

Below is a list of the names and roles of those individuals the district will be inviting to attend the meeting (representatives from secondary transition agencies are marked with an "\*" below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have attached a copy of the *Notice of Procedural Safeguards*. YES  NO

For District use - if contact is made by phone: \_\_\_\_\_  
Date/initials Date/initials Date/initials

**PARENT CONSENT TO INVITE TRANSITION AGENCY PERSONNEL**

If the district intends to invite representatives of any agency that is likely to be responsible for providing or paying for secondary transition services to the IEP meeting, your consent is required.

**I give** my consent for the secondary transition agency representative(s) marked with an "\*" on the invitation to be invited to the IEP meeting.

**I give** my consent for the secondary transition agency representatives marked with an "\*" on the invitation to be invited to the IEP meeting, **except for the following representative(s):**

\_\_\_\_\_  
\_\_\_\_\_

Reason (optional):

\_\_\_\_\_  
\_\_\_\_\_

**I do not give** consent for the secondary transition agency representative(s) marked with an "\*" on the invitation to be invited to the IEP meeting. Reason (optional):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent/guardian/adult student signature*

\_\_\_\_\_  
*Date*

**Please sign and return this page to your child's school.**