

Using DPI Sample Special Education Form I-1-B:

Request to Invite Birth to 3 Program Representative(s) to the Initial Individualized Education Program (IEP) Meeting

In Wisconsin, early intervention services for children between birth and three years of age are coordinated by Birth to 3 Programs, and children over the age of three receive special education services provided by the local school district (Local Education Agency or LEA).

Birth to 3 Programs and LEAs work closely to support smooth and effective early childhood transitions. With parent consent, Birth to 3 Program representatives can share knowledge of the child with the LEA that may be useful in the transition planning process. Using DPI Sample Special Education Form I-1-B (<http://ec.dpi.wi.gov/files/sped/pdf/form-i-1-b.pdf>) the LEA must obtain parent consent to invite Birth to 3 Program representative(s) to the child's initial IEP meeting.

**REQUEST TO INVITE BIRTH TO 3 PROGRAM REPRESENTATIVE(S)
TO THE INITIAL INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**
Form I-1-B (New 5/2012)

SCHOOL DISTRICT
[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact _____ at _____.]

Dear _____ Date _____

As your child approaches the age of three, you will begin preparing for your child to transition from the Birth to 3 Program to school. In Wisconsin, early intervention services for children between birth and three years of age are coordinated by Birth to 3 Programs, and children over the age of three receive special education services provided by the local school district (Local Educational Agency or LEA). Birth to 3 Programs and LEAs work closely together to support smooth and effective early childhood transitions. With your written permission, we must invite the Birth to 3 Program service coordinator or other representative to your child's initial IEP team meeting with the LEA. We would like your written consent to invite the following Birth to 3 Program representatives who may assist with the transition planning for your child. We cannot invite the following individual(s) unless we receive your written permission.

<u>Name, if known</u>	<u>Agency</u>
_____	_____
_____	_____

Sincerely,

Name and Title of District Contact Person

I understand the action proposed by the school district and

(Please check the appropriate box below, sign, date and return one copy of this request to the school district)

I give my consent for all of the above identified individuals or representatives to be invited to my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.

I give my consent for the following above identified individuals or representatives to be invited to my child's IEP meeting _____.

I do not give my consent for any of the above identified individuals or representatives to be invited to my child's IEP meeting.

Signature of parent or legal guardian or adult student

Date

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact _____ at _____ if you have questions about your rights.

For more information to help ensure a smooth and effective early childhood transition, please visit http://sped.dpi.wi.gov/sped_spp-tran-presch.