## REQUEST TO INVITE OTHERS WITH KNOWLEDGE OR SPECIAL EXPERTISE TO AN INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING

Form I-1-C (New 5/2012)

SCHOOL DISTRICT	
[If you need this notice in a different language o	
questions about this notice, please contact	at]
Dear	
A purpose of your child's upcoming individualized education level of performance, annual goals, and services needed to a not employed by the school district who work with your connot invite the individual(s) unless we receive your written	chieve those goals. We would like to invite individuals hild and may assist with planning for your child. We
Name, if known	Agency
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 retu	rn one copy of this request to the school district)
	fied individuals or representatives to be invited to my sent is voluntary and may be revoked at any time before the been invited.
	tified individuals or representatives to be invited to my
☐ I do <u>not</u> give my consent for any of the above in my child's IEP meeting.	identified individuals or representatives to be invited to
Signature of parent or legal guardian or adu	ult student Date
You and your child have protection under the procedural sadistrict must provide you with a copy of your procedural safeguard right would like another copy of this brochure, please contact the district staff, you may also contact	feguards once a year. Enclosed is a copy or earlier this in a brochure about parent and child rights. If you district at the telephone number above. In addition to