# Student Led IEPs
(Form to prepare students to begin IEP Meetings)

## Student Lead Information and Preparation

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents:</td>
</tr>
<tr>
<td>Teachers:</td>
</tr>
<tr>
<td>Counselor:</td>
</tr>
<tr>
<td>Transition Specialist:</td>
</tr>
<tr>
<td>Date of IEP:</td>
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<tr>
<td>Date of Graduation:</td>
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</tbody>
</table>

## CHECKLIST

- Student is ready to introduce IEP Team (List team members from above).
- What is the student good at? What does the student enjoy doing?
- What is the students Post High School Transition Goal?
- Student challenges and how he/she is overcoming challenges
- Student current classes to meet transition goals
- Is the student using AT (Assistive Technology)? If so, what AT?
- Is the student enrolled in a CTE Program? If so, which program?
- Any other important information?
REQUEST TO INVITE OUTSIDE AGENCY REPRESENTATIVE(S) TO THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING
Form I-1-A (New 10/2006)

_________________________________ 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 ___________________

A purpose of your child’s upcoming individualized education program (IEP) meeting is to discuss his / her post high school goals and the transition services needed to achieve those goals. We would like to invite individuals or representatives from the following agencies who may assist with the transition planning for your child.

Name, if known

________________________________________________________________________

Agency

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Before we can invite these individuals or representatives the district needs your written consent (permission).

Sincerely,

______________________________________________________

Name and Title of District Contact Person

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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.