

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

**Student Lead Information and Preparation**

STUDENT NAME:	
Parents:	
Teachers:	
Counselor:	
Transition Specialist:	
Date of IEP:	
Date of Graduation:	

CHECKLIST		
<input type="checkbox"/>	Student is ready to introduce IEP Team (List team members from above).	
<input type="checkbox"/>	What is the student good at? What does the student enjoy doing?	
<input type="checkbox"/>	What is the students Post High School Transition Goal?	
<input type="checkbox"/>	Student challenges and how he/she is overcoming challenges	
<input type="checkbox"/>	Student current classes to meet transition goals	
<input type="checkbox"/>	Is the student using AT (Assistive Technology)? If so, what AT?	
<input type="checkbox"/>	Is the student enrolled in a CTE Program? If so, which program?	
<input type="checkbox"/>	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.

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

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.