**NOTIFICATION OF MEETING**

To: Patrick & Lisa Williams  

- Parent(s)/Guardian(s)  
- Adult Student (age 18+ or emancipated minor)  
- Student (required when postsecondary transition is a purpose of the meeting)

This is to confirm that a meeting with you has been scheduled for November 21 (Date)  

- at 10:00am (Time)  
- at Sunflower High School, Conference Room (Location)

**The purpose of this meeting is to:** (check all that apply)

- Review existing data as part of an initial evaluation or reevaluation  
- Determine initial or continued eligibility  
- Develop initial IEP  
- Review/Revise IEP  
- Consider Post-secondary Transition  
- Conduct Manifestation Determination  
- Consider/conduct Functional Behavioral Assessment  
- Other:___________________________

**The following individuals have been invited to participate in this meeting (name and/or role):**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Education Agency (LEA) Representative*</td>
<td>Michelle Cook</td>
</tr>
<tr>
<td>Special Education Teacher*</td>
<td>Pat Gentry</td>
</tr>
<tr>
<td>Individual to interpret instructional implications* of evaluation results</td>
<td>Lewis Barnes</td>
</tr>
<tr>
<td>General Education Teacher*</td>
<td>Cheryl Smith</td>
</tr>
<tr>
<td>Student</td>
<td>Chase Williams</td>
</tr>
<tr>
<td>Agency representative(s) for post-secondary transition</td>
<td>Doris Harring</td>
</tr>
<tr>
<td>Agency Name: Vocational Rehabilitation</td>
<td>Gary Knowles</td>
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<tr>
<td>Agency Name: Vo-Tech Disability Support</td>
<td></td>
</tr>
<tr>
<td>Part C Representative (if applicable)</td>
<td>Patrick &amp; Lisa Williams</td>
</tr>
<tr>
<td>Parent(s)</td>
<td></td>
</tr>
</tbody>
</table>

* Required participant, unless parent and LEA agree/consent in writing to excusal

This agency **AND** the parents have the right to invite any other participants they feel have knowledge or special expertise of the child. The determination of knowledge or special expertise shall be made by the party (parent or public agency) who invited the individual to be a participant at the meeting.

**At the request of the parent, the public agency must send an invitation to the Part C Service Coordinator or other representative at the initial IEP meeting.**

If you are unable to attend this meeting, please contact me at __463-232-8794__ (Phone) as soon as possible.

Sincerely,  

Pat Gentry                  Special Education Teacher          11/01/         
Name                       Title                       Date
RECORD OF DISTRICT ATTEMPTS TO SCHEDULE MEETING

1st Attempt

Date of contact: 11/01/

☐ Parent waived notification requirement*

Method of contact:

☒ Written: ☐ Hand carried by student
☐ Regular mail
☐ Certified mail
☐ Fax
☐ E-mail
☐ Other: __________

☐ Verbal:
☐ Phone
☐ Voice mail/answering machine
☐ Face to face contact
☐ Other: __________

PARENT/GUARDIAN RESPONSE

☐ Do not want to attend (proceed with IEP meeting)
☐ Cannot attend, please reschedule (proceed with 2nd attempt)
☒ No response (proceed with 2nd attempt)
☐ **Yes, I’ll be there

* In general, reasonable notification is 10 days.

**If parent does not attend meeting, proceed to 2nd attempt


2nd Attempt (must be a direct contact with parent)

Date of contact: 11/08/

☐ Parent waived notification requirement*

Method of contact: (must be a direct contact)

☒ Written: ☐ Regular mail
☐ Certified mail

☒ Verbal:
☐ Phone
☐ Face to face contact

PARENT/GUARDIAN RESPONSE

☐ Do not want to attend (proceed with meeting)
☐ Cannot attend (proceed with meeting)
☐ No response (proceed with meeting)
☒ **Yes, I’ll be there

* In general, reasonable notification is 10 days

**If parent does not attend, agency may proceed with meeting.