



PO Box 218 • 202 Elm Street • Bergland, MI 49910
Phone: (906) 575-3438 Fax: (906) 575-3373

www.goisd.org

_____ | _____
Date _____

You are invited to attend an Educational Planning Team meeting for
_____ for the purpose of ___an IEP_____ meeting.
(student)

The meeting will be held:

Date: _____ Time: _____

Location: _____

Address: _____

Educational Planning Team Participants:

Your role at the IEP meeting as a student, parent, or agency is very important since you will work with other team members to develop the Individualized Education Program.

IEP team members will share information to help determine the eligibility, educational strengths and needs, goals and objectives, as well as special education programs and services to be provided to the student named above. School staff will share information about the curriculum and the student's performance.

Students 16 years of age or older during the period covered by the IEP will be invited, and an additional purpose of this meeting will be to consider post secondary goals and transition services, including those that might be provided by an outside agency.

If you have any questions about this meeting, please feel free to contact me. If you are unable let to attend this meeting, please contact me.

Sincerely,

(teacher)

(phone number/email)