

The persons attending and participating in your child's ESY IEP meeting will include:

<u>Position/Title</u>	<u>Name</u>
Officially Designated Representative of LEA (School System)	_____
Your Child's Teacher	_____
Parent(s)	_____
Other(s)	_____

Your attendance and participation at the ESY IEP meeting are important to the process of developing the extended school year instructional plan. We ask that your child attend the meeting, unless you choose not to have him/her present. You may also take other persons with you to assist in planning your child's ESY program.

Please meet as a member of the ESY IEP team on _____
(Date) (Time)
at _____ If this time is inconvenient or if you have further questions concerning the
(Place)
ESY Program please contact _____ at _____.

Please indicate below whether you plan to attend the ESY IEP meeting as scheduled or/whether you need to reschedule.

Enclosed is a copy of procedural safeguards. Please review to protect the rights of you and your child.

Please return this form within three (3) days to your child's teacher.

- I plan to attend the ESY IEP meeting at the time and place indicated.
- I am unable to attend the ESY IEP meeting at the time and place indicated. The best day and time for me is _____
Date/Time
- I have received a copy of my procedural safeguards.

Signature of Parent

Date