

SPECIAL EDUCATION DEPARTMENT  
Wenatchee School District  
112 South Elliott  
Wenatchee, WA 98801  
(509) 663-7117

DOCUMENTATION OF INVITATION TO  
INDIVIDUALIZED EDUCATION (IEP) MEETING

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Parents Name and ph. No. \_\_\_\_\_

	Method of Contact	Date Attempted	Result
First Attempt			
Second Attempt			
Third Attempt			

IEP Meeting Scheduled:  
Time: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Response:

- Cannot attend, please reschedule
- Rescheduled at parent's request
- Could not contact (document attempts)
- Will attend

My signature below assures that parent(s)/guardian(s) were:

- Informed of purpose, time, location of the meeting early enough to ensure an opportunity to attend and that the time and location were agreed upon.
- Informed of persons invited to participate in the IEP meeting (include student if transition is discussed).
- Informed that they may invite others to participate in the IEP meeting.
- Informed that the district would make any special accommodations necessary.
- Informed in native language or other mode of communication used by the parent.
- Informed of/provided Procedural Safeguards Due Process.

COMMENTS:

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_