**INSERT FACILITY NAME**

Insert Date

Insert Parent Name

Insert Street Address

Insert City State Zip

Dear Insert Parent Name:

Re: IEP Meeting

 Annual IEP OR Amended IEP

The meeting to which you were invited concerning the IEP for Insert Student Name was held on Insert Date. Enclosed you will find the IEP for your review. If there are concerns, a conference to discuss the IEP can be scheduled. To request a conference please contact our office within ten (10) days of receiving this notice by calling insert phone number. If you agree, please sign the IEP to indicate your consent and return the IEP in the envelope provided. Thank you for your cooperation in this matter.

Sincerely,

Insert Education Administrator Name/Title

cc: LEA

Student

Enclosures: IEP

*Virginia Procedural Safeguards Notice*

Facility addressed stamped envelope