

**NOTICE OF ELIGIBILITY COMMITTEE AND/OR INDIVIDUALIZED
EDUCATION PROGRAM TEAM MEETING**

_____ County Schools

Student's Full Name _____ **Date** _____
School _____ **DOB** _____
Parent(s)/Guardian(s) _____ **WVEIS #** _____
Address _____ **Phone** _____

Dear Parent(s)/Guardian(s) and Student:

A meeting will be held on _____ at _____ a.m. p.m. at _____.
The purpose of the meeting is checked below:

- Eligibility Committee (EC) Meeting** - The EC will review information to determine eligibility for special education. If the EC determines the student is eligible, an Individualized Education Program (IEP) team meeting will be held. (See description below.) If found not eligible, recommendations from the EC will be provided to a school team for consideration, and no IEP team meeting will be held. If the EC determines further information is needed, you will be informed.
- Individualized Education Program (IEP) Team Meeting** - An IEP team meeting will be convened to develop, review and/or revise the IEP. Additionally, the IEP team may:
- identify transition services for the student with a disability (beginning with 1st IEP to be effective at age 16)
 - identify preschool transition needs
 - determine if the student's conduct is a manifestation of a disability
 - other _____
 - plan for reevaluation
 - document transfer of student's rights (age of majority)

We invite you to participate in this meeting so we may plan an educational program together. Please be informed you and the county school district have the right to invite other individuals who have knowledge or special expertise regarding the student.

Procedural Safeguards Brochure: Enclosed Provided earlier this school year.

Copy to Invited Members:

- Administrator
- Special Education Teacher or Provider
- Student (required at age 16)
- General Education Teacher
- Birth to Three Representative
- Agency Representative _____
- Evaluator
- Other _____

IEP Team Member Excusal(s): The following IEP team members will be excused from attending the IEP team meeting. Members whose curricular area or related service will be discussed will provide a written summary for consideration in developing the IEP.

Name/Position: _____ Name/Position: _____

Sincerely,

Name/Position Phone Number

Parent(s): Please return this form within 5 days and retain a copy for your records.

STUDENT RESPONSE beginning at age 16 (check one)

- I will attend the meeting as scheduled.
- I do not wish to attend.
- I wish to have the meeting rescheduled.

Student Signature Date

PARENT RESPONSE (check one)

- I will attend the meeting as scheduled.
- I do not wish to attend.
- I cannot attend in person, but will participate by phone. I can be reached at _____.
- I wish to have the meeting rescheduled.

PARENT OPTIONS (check all that apply)

- I agree to waive the 8-day notification requirement.
- I agree to excuse the IEP team members above.
- I request the district to invite the Birth to Three representative.

Parent Signature Date

Note: Meeting may be rescheduled due to a school delay or cancellation.