

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

\_\_\_\_\_ County Schools

**Student Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**School** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Parent(s)/Guardian(s)** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Address** \_\_\_\_\_ **WVEIS #** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Dear Parent(s)/Adult 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 (beginning with 1<sup>st</sup> IEP to be in effect 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

**If an agency representative is to be invited, date consent was obtained:** \_\_\_\_\_

**Copy to Invited Members:**

- Administrator  General Education Teacher  Evaluator  
 Special Education Teacher or Provider  Birth to Three Representative  Other \_\_\_\_\_  
 Student (required when transition will be addressed)  Agency Representative(s) \_\_\_\_\_

**IEP Team Member Excusal(s):** The following IEP Team members will be excused from attending the IEP Team meeting. Members whose academic and nonacademic areas will be discussed will provide a written summary for consideration in developing the IEP.

Name/Position: \_\_\_\_\_ Name/Position: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Name/Position/Date

\_\_\_\_\_  
Phone Number

**Parent(s): Please return this form to school within 5 days.**

**STUDENT RESPONSE (when transition will be addressed)**

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

\_\_\_\_\_  
Student Signature Date

**DOCUMENTATION OF PARENT NOTICE**

- WUOO ckn  
 Telephone  
 Hand Delivered  
 Go ckn

**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/ADULT STUDENT OPTIONS (check all that apply)**

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

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

\_\_\_\_\_  
Parent/Adult Student Signature

\_\_\_\_\_  
Date