

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

Local Educational Agency (LEA)

Student Full Name _____
School _____
Parent(s)/Guardian(s) _____
Address _____
City/State/Zip _____

Date _____
Date of Birth _____
Grade _____
WVEIS # _____
Telephone _____

Dear Parent(s)/Guardian/Adult Student:

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

☐ **Eligibility Committee (EC) Meeting:** ☐ Initial ☐ Reevaluation

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. 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:** ☐ Initial ☐ Annual ☐ Targeted ☐ Reevaluation

An IEP Team meeting will be convened to develop, review and/or revise the IEP. Additionally, the IEP Team may:

identify transition services (beginning with first IEP to be in effect at age 14)	exit/Summary of Performance
identify preschool transition (from Birth to Three) needs	plan for reevaluation
determine if the student's conduct is a manifestation of a disability	document transfer of student's rights
other _____	(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 local education agency 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 must provide a written summary for consideration in developing the IEP.

Name/Position: _____ Name/Position: _____

Sincerely,

Name of Person Sending the Meeting Notice/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.
Please conduct the meeting without me.
I request to have the meeting rescheduled.

Student Signature

Date

DOCUMENTATION OF PARENT NOTICE

U.S. Mail
Telephone
Hand Delivered
Email

Date Date Date

PARENT RESPONSE (check one)

I will attend the meeting in person.
I will attend the meeting virtually. E-mail the meeting link to _____.
I will attend the meeting by phone. I can be reached at _____.

I request to have the meeting rescheduled.
Please conduct the meeting without me.

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 listed above.
I request the LEA to invite the Birth to Three representative (Initial three-year-old IEP only).

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

Parent/Adult Student Signature

Date