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

_____
Local Educational Agency (LEA)

Student Full Name _____ **Date** _____
School _____ **Date of Birth** _____
Parent(s)/Guardian(s) _____ **Grade** _____
Address _____ **WVEIS #** _____
City/State/Zip _____ **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)
- ☐ identify preschool transition (from Birth to Three) needs
- ☐ determine if the student's conduct is a manifestation of a disability
- ☐ other _____
- ☐ exit/Summary of Performance 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 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
- ☐ Special Education Teacher or Provider
- ☐ Student (required when transition will be addressed)
- ☐ General Education Teacher
- ☐ Birth to Three Representative
- ☐ Agency Representative(s)_____
- ☐ Evaluator
- ☐ Other _____

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
- ☐ E-mail

Date Date Date

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

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).

_____
Parent/Adult Student Signature **Date**