

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

**Morgan County Schools
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:
- | | |
|--|--|
| <input type="checkbox"/> identify transition services (beginning with first IEP to be in effect at age 14) | <input type="checkbox"/> exit/Summary of Performance Plan |
| <input type="checkbox"/> identify preschool transition (from Birth to Three) needs | <input type="checkbox"/> for reevaluation |
| <input type="checkbox"/> determine if the student's conduct is a manifestation of a disability | <input type="checkbox"/> document transfer of student's rights (age of majority) |
| <input type="checkbox"/> other _____ | |

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:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> General Education Teacher | <input type="checkbox"/> Evaluator |
| <input type="checkbox"/> Special Education Teacher or Provider | <input type="checkbox"/> Birth to Three Representative | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Student (required when transition will be addressed) | <input type="checkbox"/> 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

- WUOO ckn
 Telephone
 Hand Delivered
 G-o ckn

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