

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

Hancock County Schools

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

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 Meeting** The Eligibility Committee (EC) will review information to determine eligibility for special education. If the EC determines that 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 that 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 will:
 - identify transition services for the student with a disability (beginning with 1st IEP to be effective at age 16)
 - identify preschool transition needs plan for reevaluation
 - determine if student conduct is a manifestation of a disability other _____

We invite you to participate in this meeting so that we may plan an educational program together. Please be informed that you and the county school district have the right to invite other individuals who have knowledge or special expertise regarding the student. A **Procedural Safeguards** brochure (explaining parent/student rights and the responsibilities of the county school district) is enclosed. Yes No, brochure was previously provided this school year.

Copy to Invited Members:

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

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 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 (required at age 16)

- I will attend the meeting as scheduled.
- I do not wish to attend.
- I wish to have the meeting rescheduled to (date/time) _____.

Student Signature **Date**

Note: If the time of the meeting is affected by a school delay or cancellation, the meeting may be rescheduled.
Form #7

PARENT RESPONSE (check one)

- I will attend the meeting as scheduled.
- I do not wish to attend.
- I wish to have the meeting rescheduled to (date/time) _____.
- I cannot attend in person, but will participate by phone.
- I agree that those IEP team members identified above can be excused.
- I request the district to invite the Birth to Three representative.

Parent Signature **Date**