

NOTICE OF ELIGIBILITY COMMITTEE AND/OR STUDENT SERVICE PLAN MEETING
FOR STUDENTS PARENTALLY PLACED IN PRIVATE SCHOOLS
Hancock County Schools

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

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, a Student Service Plan 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 Student Service Plan meeting will be held. If the EC determines that further information is needed, you will be informed.
- Student Service Plan Meeting** A meeting will be convened to develop, review and/or revise the Student Service Plan.

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 school district) is enclosed.

Yes No, brochure was previously provided this school year.

Copy to Invited Members:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Private School Representative | <input type="checkbox"/> Private School 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 | <input type="checkbox"/> District Representative | |

Student Service Plan Member Excusal(s): The following members will be excused from attending the Student Service Plan meeting. Members whose curricular area or related service will be discussed will provide a written summary for consideration in developing the Student Service Plan.

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 beginning at age 16 (check one)

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

Student Signature

Date

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 OPTIONS (check all that apply)

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

Parent Signature

Date

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