

Child Notification Form – Sent by RAU

Purpose: The purpose of this form is to meet the child find and transition requirements of Part B and C of IDEA for the timely notification to the local education agency for the area for which the child resides that the child will shortly reach the age of eligibility for preschool services.

County Board of Education: _____ Date of Initial IFSP: _____

In order to meet the child find requirements of IDEA, the WV Birth to Three System is providing this notification that the child below will soon reach the age of three and may be potentially eligible for Part B services. This Notification serves as referral for Part B and includes demographic information regarding the child and the child's family. Any additional information regarding the child's educational record may only be released with the consent of the family. RAUs will be entering Notifications for all children determined eligible for WVBTT 150 days or less prior to their third birthday.

Child's SPOE ID#: _____ D.O.B.: _____

Child's Name: _____

Primary Contact Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Service Coordinator Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

This section is to be completed by the local County Board of Education.

The following information is required for reporting to the WV Department of Education, Office of Special Education.

- Child was determined Part B eligible.

Date of Consent: _____

Eligibility Determination Date: _____

Date of Initiation of Part B Services: _____

Child's WVEIS Identification #: _____

Date IEP Developed: _____

Reason(s) why IEP not developed before child's 3rd birthday:

- Exceptional Family Circumstances (Explain): _____

- LEA Reason (Explain): _____

- 90-day face-to-face meeting date: _____

- Child was not determined Part B eligible:

- | | | |
|---|----------------|--------------------------------|
| ○ Parents did not give consent for evaluation | ○ Family Moved | ○ Family did not present Child |
| ○ Child passed screening – No evaluation necessary | | ○ Unable to contact family |
| ○ Date Eligibility Committee determined child did not qualify for services: _____ | | ○ Child deceased |
| | | ○ No response from parent |

It is required that the County Board of Education return a copy of this completed form to Ginger Huffman, Coordinator, Office of Special Education, 1900 Kanawha Boulevard, Building 6, Room 304, Charleston, WV 25305. The form may be faxed to 304-558-3741.

The use of this information is protected under Federal regulations of the Family Educational Rights and Privacy Act (FERPA), and the Individuals with Disabilities Education Improvement Act (IDEA 2004).