



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
West Virginia Department of Health

Child Last Name: _____
Child First Name: _____ MI
DOB: _____ ID#: _____
FOLDER: _____ Date: _____

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: _____
Address: _____ Date Notification Sent: _____
City/State/Zip: _____
Contact Person: _____ Date Part B Received Referral: _____

To meet the childfind 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 ID: _____
Child's Name: _____
Primary Contact Name: _____
Address: _____
City/State Zip Code: _____
Phone Number: _____

DOB: _____

This child falls under the 3rd Birthday Rule

____ YES

____ No

Service Coordinator Name: _____
Address: _____
City/State Zip Code: _____
Phone Number: _____ RAU/ISC Email: _____

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 |

Please scan and email all forms to Ginger Huffman at vhuffman@k12.wv.us.

If you have questions, please call 304-558-9994.

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).