

Monongalia County Schools Team Meeting Report

Student:	Date:
School:	Teacher of Record:
Date of Birth:	Grade:
WVEIS #:	Phone Number:
Parent/Guardian(s):	
Address:	

Reason for Meeting:

***Content of the Team Meeting discussion will be documented on the attached Prior Written Notice. Please use the field below to document details affecting the reason for the Team Meeting, data, action steps, and/or other pertinent information.**

Attendees:
Parent Guardian: _____ **Student** _____
Chairperson: _____ **Special Educator:** _____
Other: _____ **Other:** _____

_____ Monongalia _____ County Schools

Student's Full Name _____ Date _____

PART XII: PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL

Dear Parent/Adult Student:

As a result of:

- ___ a Student Assistance Team (SAT) meeting conducted on _____,
- ___ an Eligibility Committee (EC) meeting conducted on _____,
- ___ an Individualized Education Program (IEP) Team meeting conducted on _____,
- ___ a disciplinary action occurring on _____,
- ___ other _____,

The district is ___ proposing or ___ refusing to initiate or change:

- ___ the educational evaluation or reevaluation of the student.
- ___ the identification of the student as having a disability.
- ___ the educational placement of the student.
- ___ the provision of a free appropriate public education (FAPE) to the student.

Specifically, the district is:

The district is ___ proposing or ___ refusing this action because:

The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the ___ proposed or ___ refused action include:

Other options the district considered, but rejected include:

The reasons the above options were rejected include:

Other factors relevant to the district's ___ proposal or ___ refusal include:

Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at _____, if available, the local Parent Educator Resource Center at _____ and/or the West Virginia Department of Education, Office of Special Education at 304.558.2696 or 1.800.642.8541.

Sincerely, _____

Signature/Position Date