

ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VIRGINIA 22902
(434) 296-5885

PARENT NOTIFICATION OF ELIGIBILITY MEETING

Date _____

Parent(s) Name _____

Address _____

Dear _____:

We are ready to proceed with the next phase in the evaluation process to determine whether or not _____ (student's name) is eligible for special education, a program designed for students with disabilities.

The test results will be reviewed at the Eligibility Committee Meeting. The Committee will meet at _____ (place) at _____ M. (time) on _____, _____ (date).

All of the evaluations that will be reviewed at the eligibility meeting will be available for you to review 2 business days prior to the eligibility meeting. The reports will be placed in your child's educational record and can be accessed during school hours.

Please notify me at _____ (phone number) if you plan to attend or need additional information.

Sincerely,

Title