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<https://www.wveiicc.org>

WV Governor's Early Intervention Interagency Coordinating Council Membership Application

The West Virginia Governor's Early Intervention Interagency Coordinating Council (WVGEIICC), as required by Federal regulations and State statute, provides advice and assistance to the WV Department of Health and Human Resources regarding implementation and evaluation of the WV Birth to Three System, as the State's system of early intervention services for infants and toddlers under Part C of the Individuals with Disabilities Education Act (IDEA). The Council is comprised of membership detailed in Federal law and includes parents, practitioners, funders, and community partners supporting infants, toddlers, and their families.

The Governor appoints Council members for a term of three years and appointments begin in July unless otherwise noted. The Council currently meets every other month, beginning in January, at various locations across the state. Members are expected to attend and participate in all meetings and select committee activities.

The WVGEIICC seeks nominations for representatives in all positions, on an ongoing basis. Currently the Council has an immediate need for the following membership categories:

- One (1) parent of child who is or has received WV Birth to Three, child should be under the age of 12 and preferably under the age of six (6)
- Two (2) providers of WV Birth to Three supports
- One (1) Family Resource Network (FRN) representative
- One (1) Regional Administrative Unit (RAU) Coordinator
- One (1) Local Preschool Special Needs Teacher

The Membership Committee of the WVGEIICC review applications received and the WVGEIICC will forward recommendations for appointments to the Governor. **Completed application are due June 30, 2026**, please submit by email at wvgeiicc@rvcds.org or US Mail to the address at the top of the page. More information can be found on our website - <https://www.wveiicc.org/>.

Name			
Mailing Address			County of Residence
Home Phone	Mobile Phone	Work Phone	Fax
Email			
Membership Category of Interest			
	Parent of a child under age six (6)	Parent of a child under age 12	
	Personnel Preparation	State Legislature	
	Local Preschool Teacher	Parent Partner	
	Family Resource Network (FRN)	Regional Administrative Unit (RAU)	
	WV Chapter of the American Academy of Pediatrics		
	WV Birth to Three Enrolled Direct Service Practitioner or Service Coordinator		

Please answer the questions on the following page. You may add additional pages to your nomination form if this page does not provide sufficient space.

Please tell us why you are interested in becoming a Council member

Tell us about your involvement and/or advocacy experiences with other organizations, boards, or groups.

Consider including information about how you have been involved with WV Birth to Three or other services for infants and toddlers with special needs, your thoughts on teamwork and other collaborative activities. Experience is not required.

The Council strongly supports collaboration, family-centered practice, and parent input into decision-making. Do you share these values and how do you personally support or model them?

What knowledge and skills would you bring to the Council?

Please read the following statements and check the relevant box:

<input type="checkbox"/>	Yes	The Council meets five times a year in various locations around the state. The Council provides reimbursement for expenses incurred for members participating in meetings. I have the support necessary to attend meetings.
<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes	I agree to actively participate in the Council's regular meetings, committees, and work groups.
<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes	I agree to participate in a brief interview with a representative of the WVGEIICC Membership Committee as a part of the application process.
<input type="checkbox"/>	No	

My signature affirms the information in my application is accurate and true to the best of my ability.

Signature _____

Date _____