

EARLY ON® of _____
Prior Written Notice

CHILD'S NAME: _____

BIRTH DATE: _____

PARENT/GUARDIAN NAME: _____

DATE OF NOTICE: _____

Early On® is required to provide you with written notice prior to proposing or refusing to initiate or change the identification, evaluation, placement, or provision of appropriate early intervention services with your child or family. This letter is to provide notice of the action(s) and reason(s) being proposed/denied for your child and a reminder of your procedural safeguards.

PROPOSED ACTIONS

- ☐ Your child is eligible for Early On®
- ☐ Your child is not eligible for Early On®
- ☐ Your child is exiting Early On® services
- ☐ Your child is eligible for Special Education services
- ☐ Your child is transitioning to services with your local school district
- ☐ A developmental evaluation will be conducted
- ☐ No further evaluation will be conducted
- ☐ An Individualized Family Service Plan (IFSP) has been developed or updated
- ☐ Other

If "Other" action, pls. specify: _____

REASONS WHY ACTIONS ARE BEING PROPOSED OR DENIED

- ☐ To determine if your child is eligible for Early On® or Special Education services
- ☐ Your child has at least 20% delay in his/her development
- ☐ Your child has a documented established condition
- ☐ Your child is eligible for special education
- ☐ Your child does not have a significant enough delay in their development or the presence of an established condition such that he/she is eligible for Early On®.
- ☐ Your child does not have a delay that is significant enough to make him/her eligible under a specific category under Special Education guidelines
- ☐ Family does not wish to participate in Early On® at this time
- ☐ Other

If "Other" reason, pls. specify: _____

Family Rights/Procedural Safeguards

You have the right to request mediation or an impartial due process hearing, or you may file a complaint should you disagree with the above proposed action(s). A copy of Early On® Family Rights is available at _____. You may request a copy of this document and/or ask for assistance in understanding your Family Rights by contacting your Service Coordinator.

Documentation of Language/Mode of Communication

This information has been translated orally, or by other means to the parent, in the parent's native language or other mode of communication. The parent has indicated understanding of this notice.

(Provider Initials)

(Method Used)

SERVICE COORDINATOR: _____

Notification Method

- ☐ Provided to parent at meeting
- ☐ Provided to parent via mail
- ☐ Hand delivered to parent
- ☐ Provided to Adult Student