

## OPTING OUT OF LOCAL EDUCATION AGENCY (LEA) AND STATE EDUCATION AGENCY (SEA) NOTIFICATION

The Wisconsin Birth to 3 Program is required by federal law (the Individuals with Disabilities Education Act, IDEA Part C section 637 (a)(9)(A)(ii)(I)) to release limited contact information (your child's name and date of birth, your name and contact information) as a way to notify your Local Education Agency (LEA) and State Education Agency (SEA) of your child's potential eligibility for preschool special education services at age three.

**If you, as a parent, do not want your child's name, date of birth, and parent contact information sent to your LEA or SEA when your child turns 2 years and 3 months of age through the required process of LEA and SEA Notification, please read and sign below.**

Wisconsin has a long-standing philosophy of families being informed of and in control of the information shared about their children with other programs and agencies. With this philosophy in mind, the Wisconsin Birth to 3 Program has elected to permit parents to object to disclosure of contact information to the LEA and SEA under 34 C.F.R. § 303.401(e). Following discussion with your Birth to 3 Service Coordinator, you, as a parent, have the right to "opt out" of this LEA and SEA notification and not have the limited contact information sent to the LEA and SEA. By signing this document, you indicate your preference that we **not** send the limited contact information to your LEA and SEA. If this "Opting Out of LEA and SEA Notification" form is not received by our early intervention program prior to your child attaining the age of 2 years, 3 months (or if your child was referred to the Birth to 3 Program after 2 years, 3 months of age, within 10 days after the receipt of the Opt Out Policy), your contact information will be sent to the appropriate LEA and SEA.

If you do not sign below, your child's name, birth date, and parent contact information will be sent to your school district or Local Education Agency (LEA) as well as the State Education Agency (SEA).

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By signing this form below, I understand that I am opting out of LEA and SEA Notification and that the limited contact information about my child will not be sent to my LEA and SEA.

\_\_\_\_\_  
**SIGNATURE** – Parent / Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**SIGNATURE** – Service Coordinator

\_\_\_\_\_  
Date Signed

By checking this box, I understand that I am reversing the decision of "opting out" of the LEA and SEA Notification process indicated above. By my signature below and as of the date signed, I want LEA and SEA Notification / referral sent to the LEA and SEA.

\_\_\_\_\_  
**SIGNATURE** – Parent / Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**SIGNATURE** – Service Coordinator

\_\_\_\_\_  
Date Signed