

OPTING OUT OF LOCAL EDUCATIONAL AGENCY (LEA) NOTIFICATION

Your signature on this form is voluntary. If you do not sign below, your child's name, birth date, and parent contact information will be sent to your school district or LEA.

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

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 school district of your child's potential eligibility for preschool special education services at age three.

Following discussion with your Birth to 3 Service Coordinator, you, as a parent, may "opt out" of this LEA Notification and not have the limited contact information sent. By signing this document, you indicate your preference that we NOT send the limited contact information to your local school district. If this "Opting Out of LEA 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 Birth to 3 after 2 years, 3 months of age, within 10 days after the receipt of the Opt Out Policy), your limited contact information will be sent to the appropriate local school district.

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

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 Notification process indicated above. By my signature below and as of the date signed, I want LEA Notification / referral sent to the LEA.

SIGNATURE – Parent / Guardian

Date Signed

SIGNATURE – Service Coordinator

Date Signed