

### WRITTEN PRIOR NOTICE

**Situation / Decision Requiring Written Prior Notice:**

Evaluation recommendation    Eligibility    Services    Transition    Discharge

Name – Child

Date of Meeting / Notice

Your child's Early Intervention team has proposed to  initiate    change    continue    reject:

The **information** used to make this decision included (list the source utilized):

The **reasons** for this decision included (list the information obtained from the source):

Other options considered include: \_\_\_\_\_

The **information** used to reject this option included (ex., screening tool, test, observation, medical reports, parent report, or other sources):

The **reasons** to reject this option included (ex., screening results, test results, list of skills observed or not observed, diagnosis, or other reason):

You have the right to refuse consent for an evaluation or service. Accompanying this letter is a copy of the parent and child rights statement. These are a brief review of the rights. If you would like a complete copy of the parent and child rights, please contact me. Feel free to call if you have any questions.

Name – Service Coordinator

Telephone Number