

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:

Other options considered include:

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):

You have the right to refuse consent for an evaluation or service. Accompanying this letter is a copy of the Parent and Child Rights brochure which contains a brief review of the rights. If you would like a complete copy of the Parent and Child Rights document or have questions, please contact me.

Name – Service Coordinator

Telephone Number
