

**WRITTEN PRIOR NOTICE – NO EVALUATION RECOMMENDED**

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Name – Child

Date of Meeting / Notice

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Your child was referred to the Birth to 3 Program as a child with a suspected delay. Therefore, we propose:

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Other options considered include:

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This decision is based upon the information / reasons explained below. The **information** used to make this decision included (e.g., screening tool, test, observation, medical reports, parent report, or other sources):

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The **reasons** for this decision included (e.g., screening results, test results, list of skills observed or not observed, diagnosis, or other reason):

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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.

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Name – Service Coordinator

Telephone Number

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