

**WRITTEN PRIOR NOTICE – ADDITIONAL ASSESSMENT RECOMMENDED**

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Name – Child

Date of Meeting / Notice

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Your child has been receiving services through the Birth to 3 Program. Through working with your family, we have identified the need for additional information about your child's development. Therefore, we propose to:

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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 (ex., screening tool, test, observation, medical reports, parent report, or other sources):

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

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You have the right to agree with or refuse the proposed action. Accompanying this letter is a copy of the parent and child rights statement and the actions to take if you do not agree with the proposed action. 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.

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Name – Service Coordinator

Telephone Number

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