



PRIOR WRITTEN NOTICE

- Identification Evaluation Placement Service Delivery

Child's Name:

Date:

The Infant Toddler Program plans to take the following action(s):

.
.

Proposed Date, Time, Location:

Reason why the above listed action(s) are being proposed or refused, including a description of information used to make the decisions (i.e. screening results, evaluation/assessment results, reports, records, etc.).

Dear

You are a valued team member in this process and anyone whom you would like to invite as a support person or advocate for the family or your child is welcome to attend.

Sincerely,

Important Things To Know:

This form is to provide you (the parent) with prior written notice before the Infant Toddler Program starts or changes any of the services your child receives. This includes any time before the Program takes an action or refuses to take an action regarding identification, evaluation, or placement of your child or providing services to your child or family. This form gives you an opportunity to consider the proposed actions and respond before they are completed.

This notice includes a copy of your Parent Rights, the Child and Family Safeguards brochure. As discussed in this information, you may choose any number of options as detailed in this brochure should you disagree with the above proposed or refused action(s).

Personally identifiable information is maintained for children referred and served by the Infant Toddler Program. The Program gathers information regarding your child's needs (i.e. developmental, medical, etc.) from a variety of sources to identify, evaluate, and provide early intervention services. You can access your child's information/records at any point in time by contacting your local Infant Toddler Program. Your child's records will be destroyed six (6) years after the date your child exits the Infant Toddler Program or has been closed and has had no activity. Please refer to the brochure for a summary of your confidentiality rights including storage, retention, and destruction of your child's information/records.

This information can be provided in your native language, or in another way that you can understand (oral, Braille, sign language) upon your request.

Notice was provided:

Date:

By:

If you have any questions regarding this notice, please contact:

Name:

Title:

Telephone #: