Early Intervention Colorado

Community Centered Board Contact:

Service Coordinator Contact:

TO: Family _____

Address _____

City, State & Zip _____

RE: Child's Name _____

ID Number _____

Prior Written Notice

Date: _____

Dear:_____,

_____ and the Early Intervention Colorado Program is required to provide you with prior written notice within a reasonable time before proposing or refusing to initiate or change the identification, evaluation, or placement of your child, or the provision of appropriate early intervention services to your child or family. This is your statement of that notice. This letter is to provide notice of the following: (please check all that apply)

- ☐ Based on the results of the developmental screen, evaluation of your child is not necessary at this time and you have not requested an evaluation and assessment.
- ☐ Your child is eligible for early intervention services in Colorado. A meeting to develop the initial Individual Family Service Plan (IFSP) is needed.
- ☐ A meeting to revise or review the Individualized Family Service Plan (IFSP) is needed.
- ☐ A meeting to develop the annual Individualized Family Service Plan (IFSP) is needed.
- ☐ A transition planning conference is being convened with your approval.
- ☐ It has been determined that your child no longer needs early intervention services to continue making developmental progress and therefore is being exited from the Early Intervention Colorado Program.
- ☐ Other (describe) _____

Reasons why this action(s) is being proposed or refused including a description of information used to make this decision (i.e. screening results, evaluation/assessment procedures, reports, records, etc):

Parent(s)/Guardian Acknowledgment and Statement of Consent

I acknowledge having received a copy of the family rights and safeguards under Part C of IDEA (*Notice of Child and Family Rights and Procedural Safeguards in the Early Intervention Colorado System*). This information has been explained to me and I understand it. As discussed in this information, I have the right to file a complaint, request mediation and/or an impartial due process hearing should I disagree with the above proposed or refused action(s).

_____ _____

Signature of Parent(s)/ Legal Guardian Date

*****If you received this notice by mail, please sign and return it to the address printed on the label above. Please contact your service coordinator if you cannot make a proposed meeting, as appropriate.**

Meeting Information (location, date, time):

Meeting Participants:

Notice: ☐ given in person ☐ mailed ☐ e-mailed on _____ (date) by name/title: _____

Note: *Parent(s) to receive a copy of this form. A signed copy is placed in the child's EI record.*