

Prior Written Notice and Meeting Notification Form

INSTRUCTIONS



Updated: January 18, 2021

Who is responsible: Intake Coordinators and Service Coordinators

Purpose and Use

The purpose of the form is to safeguard the family’s right to receive advance notice in writing before any service coordination or Early Intervention Service (EIS) provider action is proposed or initiated. **The parent must receive written notice in advance each time any of the following is proposed:**

- Closure of a referral for any reason.
- Termination of eligibility for any reason.
- All activities related to establishing the child’s initial or annual eligibility for the IDEA/Part C Early Intervention System.
- All activities related to developing, changing, or reviewing and IFSP.
- Each instance of starting, changing, or ending an IDEA/Part C service.

The Intake Coordinator and the Service Coordinator completes the Prior Written Notice/Meeting Notification form for each instance of the following:

New referrals:	Children with IFSPs:
<ul style="list-style-type: none"> • Closure of Referral • Orientation and Intake • Developmental screening • Screening for Autism Spectrum Disorder (18 and 24 months of age, and upon concern for children older than 24 months) • Initial eligibility evaluation, including health, hearing, and vision • Initial Family Assessment • Initial Child Assessment 	<ul style="list-style-type: none"> • Update to screening for Autism Spectrum Disorder (18 and 24 months of age, and upon concern for children older than 24 months) • Annual eligibility evaluation, including health, hearing, and vision • Annual Family Assessment • Annual Child Assessment • All types of IFSP Team meetings • Any addition of a new service to an IFSP • Any change to an existing service on an IFSP • Transition activities • Closure (exit for reason other than transition at age three).

Section 1: Child Information

Enter date of notice.

Enter Intake Coordinator or Service Coordinator name, address, e-mail address, and phone number.

Enter parent’s first and last name, address, e-mail address, and child’s legal first and last name.

Section 2: Notice of Proposed Closure to IDEA/Part C Services

Complete the appointment section for activities related to initial or annual eligibility evaluation, family or child assessment, an IFSP team meeting, or the transition conference. Enter the proposed date, time, and location of meeting.

Complete the closure section only if a referral is proposed to be closed, the Intake Coordinator or Service Coordinator is unable to reach the parent of an eligible child, or the child's eligibility is terminated for any reason.