

## Written Prior Notice: Birth to Three Years

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Dear \_\_\_\_\_  
Name of Parent/Guardian

Date of Notice \_\_\_\_\_

Early On<sup>®</sup> Michigan is required to provide you with written notice at least seven (7) days prior to proposing or refusing to initiate or change the identification, evaluation, placement, or provision of appropriate early intervention services with your child or family. This letter is to provide notice of the action(s) and reason(s) being proposed/denied for your child and a reminder of your procedural safeguards.

**Action(s) being proposed or denied:**

- Developmental Evaluation(s)
- Your child is eligible for *Early On* Michigan services.
- Your child is not eligible for *Early On* Michigan services.
- Your child is exiting *Early On* Michigan.
- An Individualized Family Service Plan (IFSP) and/or Individualized Educational Plan (IEP) has been developed or updated. List the changes proposed or denied during the meeting:
- Your child is eligible for Michigan Special Education services.
- Your child is not eligible for Michigan Special Education services.
- Your child is exiting Michigan Special Education services.

**Reason(s) why each action above is being proposed or denied:**

*(This section only completed on children evaluated for Michigan Special Education)* **Description of each evaluation procedure, assessment, record, or report used as a basis of action proposed/denied. Include description of other options that IEP team considered and why those options were rejected:**

**Family Rights/Procedural Safeguards:**

You have the right to request mediation or an impartial due process hearing, or you may file a complaint should you disagree with the above proposed or refused action(s). A copy of *Early On* Michigan Family Rights is available at <http://eotta.ccreesa.org/PDF/EOGuidebook4.pdf>. You may request a copy of this document and/or ask for assistance in understanding your Family Rights by contacting your Service Coordinator and/or:

\_\_\_\_\_ Phone: \_\_\_\_\_. If your child is also eligible for Michigan Special Education, you will receive additional procedural safeguards information including contact information specific to your service area.

This notice was provided  in person  by mail  by email

by: \_\_\_\_\_  
Name Title Phone #

**Documentation of Language/Mode of Communication:**  
This Written Prior Notice information has been translated orally or by other means to the parent in the parent's native language or other mode of communication and the parent has indicated understanding of this notice.  
Method used to communicate this information: \_\_\_\_\_  
Service Provider Initials: \_\_\_\_\_

**Documentation of Waiver of 7 Days:**  
I understand that I am entitled to at least 7 days written prior notice before the proposed action takes place. I am choosing to waive this timeline and to participate in the action before the completion of 7 days. \_\_\_\_\_  
(Parent Initials)