Early On® Michigan Prior Written Notice: Birth to Three Years

Name of Child __________________________________________ Date of Birth ____________
Name of Parent/Guardian _________________________________Date of Notice ___________

Early On is required to provide you with written notice 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 and to help you be part of the decision-making process. The intent is to provide notice of the action(s) and reason(s) being proposed or not selected for your child and a reminder of your procedural safeguards.

Early On Decision

Screening:
- ☐ Developmental screening proposed
- ☐ No evaluation is proposed (as a result of screening)

Reason:

Note: Parents may request an evaluation at any time during the screening process regardless of the screening results.

Developmental Evaluation(s):
- ☐ Developmental Evaluation for Early On eligibility
- ☐ Developmental Evaluation for Michigan Mandatory Special Education eligibility
- ☐ No evaluation is proposed

Reason:

Provision of Early On Services:
An Individualized Family Service Plan (IFSP) has been developed or updated. We are proposing to provide the service(s) and placement(s) listed in the service section of your IFSP dated ____________________________.

Any service(s) and/or placement(s) proposed, but not accepted by the parent(s), thus not identified on this IFSP:
__________________________________________________________________________

Any service(s) and/or placement(s) discussed at the IFSP meeting, but not selected by the IFSP team:
__________________________________________________________________________

Reason:

Early Exit from Early On:
- ☐ Early On service provision will end before age three.

Reason:

Family Rights/Procedural Safeguards
A copy of the Early On Procedural Safeguards Protecting Families’ Rights brochure can be found on the 1800EarlyOn website. You may request a copy of this document and/or ask for assistance in understanding your Family Rights by contacting your Service Coordinator or person listed below.
This notice was provided ☐ in person ☐ by mail ☐ by email.

Name & Title / Phone #

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). Complaint forms can be also be found on the 1800EarlyOn website.

If Parental Native Language or Other Mode of Communication is Not a Written Language

This Prior Written 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 Coordinator Initials: _____________ Service Coordinator Initials: _____________