

Name of Child: _____

Date of Birth: _____

Dear: _____

Date of Notice: _____

Name of Parent/Guardian

Early On® Michigan 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. This letter is to provide notice of the action(s) and reasons(s) being proposed/denied for your child and a reminder of your procedural safeguards.

Action(s) being proposed or denied:

- | | |
|--|--|
| <input type="checkbox"/> Developmental Evaluation(s) | <input type="checkbox"/> Your child is eligible for Michigan Mandatory Special Education services. |
| <input type="checkbox"/> Your child is eligible for <i>Early On</i> Michigan services | <input type="checkbox"/> Your child is not eligible for Michigan Mandatory Special Education services. |
| <input type="checkbox"/> Your child is not eligible for <i>Early On</i> Michigan services. | <input type="checkbox"/> Your child is exiting Michigan Mandatory Special Education services. |
| <input type="checkbox"/> Your child is exiting <i>Early On</i> Michigan. | |
- An Individualized Family Service Plan (IFSP) has been developed or updated. List the changes proposed or denied during the meeting:

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

(This section only completed on children evaluated for Michigan Mandatory 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 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 any of the above proposed or refused action(s). A copy of *Early On* Michigan Family Rights brochure is available at <http://earlyon.cenmi.org/products/media/pdf/files/EO-13-E.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: _____

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: _____