

RE: _____
Child's Name

Date: _____

TO: _____

TYPE OF NOTICE

- Developmental screening completed**
 - ___ Further evaluation to determine Birth to 3 eligibility is not recommended
 - ___ Further evaluation is recommended
 - ___ Rescreening is recommended in _____ month(s)

- Evaluation conducted**
 - ___ Child is eligible for the Birth to 3 Program due to:
 - >25% delay in _____
 - Diagnosed condition known to cause delay: _____
 - Atypical development based on: _____
 - ___ Child is not eligible for the Birth to 3 Program
 - Offer to re-evaluate in ___ months

- Starting a service** (Indicate type & expected start date):
- Ending a service** (Indicate type & expected end date):
- Change in service frequency** (Describe):
- Change in service setting** (Describe):
- Service(s) will not be initiated or changed** (Describe):
- Additional assessment planned** (Indicate type & expected date):
- Meeting was held on ___/___/___ regarding transition from the Birth to 3 Program.**
Proposed action:

- Eligibility for Birth to 3 will end** effective ___/___/___ because:

- Other:** _____

THIS ACTION IS RECOMMENDED BASED UPON: (Check all that apply)

___ Screening/evaluation results ___ EI Team decision ___ Parent choice
___ IFSP outcomes met
___ Other: _____

OTHER OPTION(S) CONSIDERED WERE:

___ **These options were rejected based upon:**

You have the right to refuse consent for an evaluation or a service, and you have the right to agree with or refuse a proposed action. Accompanying this letter is a copy of the Parent and Child Rights Statement. These are a brief review of the rights. If you would like a complete copy of the Parent and Child Rights, please contact me. Feel free to call if you have any questions.

Service Coordinator signature

Phone number