

PRIOR WRITTEN NOTICE

Parent(s) Name: _____

Child's Name: _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

As the parents of a child who is involved with the Arizona Early Intervention Program, you have protections under the Individuals with Disabilities Education Act. These protections are found in the [AzEIP booklet](#), which is provided to you with this notice. Prior written notice is one such protection. It means that we will let you know ahead of time about certain changes that we want to make and give you the chance to say "yes" or "no" to those changes. The following is the change(s) that is being proposed/refused and the reason(s) for the change(s).

Propose Refuse

Evaluate to determine AzEIP eligibility. You have the right to request an evaluation anytime during the screening process

Identify your child as eligible for AzEIP effective" with a fillable date field after "effective"

Initiate provision of early intervention services

Change in provision of early intervention services

Change (no longer eligible for AzEIP)

Other (specify): _____

Description of action(s):

Reasons for the action(s):

The family has been informed of their rights and safeguards and received a written description of those rights and safeguards.

The family has been informed of their rights and safeguards and has access to a written description of those rights and safeguards.



Notice was: handed or sent to the parent/responsible party Date _____

Please contact me as soon as possible if you have any questions about this action or your procedural safeguards.

Name: _____

Program: _____ Phone No.: _____