Prior Written Notice (PWN)

Program Name:

Click or tap here to enter text.

Location:

Click or tap here to enter text.

Early Intervention ProgramTo (Family):Phone Number:Click to enter text.Click to enter text.Child Name:Click to enter text.Click to enter text.Child ID:Child Date of Birth:Click to enter text.Enter a date.

Dear Enter Parent/Guardian Name. (Parent/Guardian Name) Date: Ent

Date: Enter Date.

Early Intervention Services must give you a written notice before they make any decisions about your child's services. This includes starting, changing, denying, identifying, evaluating, or placing your child in a program. They also have to let you know if there are any changes to the services your child or family receives.

This letter is to inform you about the following:

- □ Your child is eligible for early intervention services. A meeting is needed to develop the initial Individualized Family Service Plan (IFSP).
- □ A meeting is needed to review or update the IFSP.
- □ An evaluation and assessment are needed at this time.
- □ A transition conference is being scheduled.
- □ Your child is leaving Early Intervention Services.
- □ Other (please describe):Click to enter text.

I understand and agree that the Early Intervention Services program can take the proposed action today. I also understand that I have the right to be given fair notice.

- \Box I agree and want to participate today.
- \Box I don't want to participate today and would like to reschedule.

Early Intervention Services

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Reason for this decision, including information used (such as screening results, evaluations, reports, or records):

Click to enter text.

Date of Meeting:	Time:	Location:
Click enter a date.	Click to enter text.	Click to enter text.

Meeting Participants:

Click to enter text.

Notice: Given in Person Mailed Emailed on Date.

Notice given by: (Name and Title) Click or tap here to enter text.

Parent/Guardian Consent

I have been given a copy of the family rights and safeguards under Part C of IDEA. This information has been explained to me, and I understand it. I know that if I disagree with the proposed or refused actions above, I have the right to file a complaint, request mediation, or ask for a due process hearing.

□ The parent does not use written language as their main way of communicating. This notice has been translated for them, either spoken aloud or through another method, in their native language or preferred way of communication. The parent understands the information in this notice.

Signature of Parent/Legal Guardian

Click or tap here to enter text.

Date:

Click or tap to enter a date.

Service Coordinator Contact: Click or tap here to enter text.

(Name and Phone Number)

Note: Parent(s) will receive a copy of this form. A copy is placed in the child's El record.