



**Notice of Proposed Action**

Educational and Developmental Intervention Services (EDIS)  
Early Intervention Services

EDIS Location: \_\_\_\_\_

For use of this form, see, MEDCOM Reg 40-53; the proponent agency is MCH-CL-C.

Date: \_\_\_\_\_

Dear: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Written prior notice is a safeguard given to you before certain actions are taken or denied. This notice is to inform you of the following action(s) being recommended or denied by EDIS (*check all that apply*).

**NO EVALUATION/ASSESSMENT FOLLOWING DEVELOPMENTAL SCREENING:**  
Following the developmental screening the team determined no further evaluation was needed.

**EVALUATION/ASSESSMENT:** An evaluation/assessment is necessary at this time to:  
 assist with eligibility determination  
 assist with progress review and intervention planning

**ELIGIBILITY:** This will determine if your child and family are eligible to receive early intervention support and services. If eligible, and you are interested in receiving early Intervention, we will work with you to develop an IFSP.

**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) DEVELOPMENT:** If eligible, this process will be completed with you to identify the outcomes your family wants to address and decide upon the support and services needed to help you and your child reach the outcomes.

**IFSP CHANGE:** IFSP changes can be initiated by any team member and can occur whenever changes are needed. *Describe the specific change below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information about action being proposed or refused:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have any questions or need assistance please contact me. I look forward to meeting with you.**

Service Coordinator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Notice of Proposed Action Instructions

This Notice of Proposed Action fulfills the requirements for prior written notice.

Notice of Proposed Action is a safeguard to protect families. It is required to fully inform and involve parents before decisions are made that will affect the child and family. The service coordinator must provide written prior notice to parents whenever EDIS proposes, or refuses, to initiate or change the identification, evaluation, placement or provision of special services to a child with a disability.

Date: Enter the date the letter was completed.

Dear: Enter the parent/guardian's full name.

Child's Name: Enter the child's full name.

Check all the actions that apply for example:

-If the Notice of Proposed Action is for the initial process check Evaluation/Assessment (to assist with eligibility determination), Eligibility, and Individual Family Service Plan (IFSP).

-If the Notice of Proposed Action is for a change to a current IFSP use the space provided to briefly describe the proposed or refused change.

Additional Information about action being proposed or refused: This space is provided as needed to describe information about an action being proposed or refused; information about options considered; and/or further information upon which the proposal or refusal is based.

Service Coordinator: Provide Service Coordinator name, phone number, and if applicable email

**Provide Parent with original  
One file copy for EDIS Record**