



Notice of Proposed Action

Educational and Developmental Intervention Services

Early Intervention Services

EDIS Location _____

For use of this form see, MEDCOM Reg 40-53, the proponent agency is MCHO

Date: _____

Dear: _____ *Child's Name:* _____
(Parent/Guardian Name)

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

- EVALUATION/ASSESSMENT:** An evaluation/assessment is necessary at this time to:
 - assist with eligibility determination
 - assist with progress review and intervention planning
- ELIGIBILITY:** To determine if your child and family are eligible to receive early intervention support and services.
- INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) DEVELOPMENT:** if eligible to identify outcomes your family wants to address and then decide upon the support and services needed to help you and your child reach the outcomes.
- IFSP REVIEW CHANGE:** IFSP change can be initiated by any team member and can occur whenever changes are needed. Any changes to the IFSP must be described on the IFSP Review/Change Form.

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

Telephone number

Email

Notice of Proposed Action Instructions

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 name.

Check all the actions that apply. For example, if the Notice of Proposed Action is for the initial process check Evaluation (to assist with eligibility determination), Eligibility, and IFSP.

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.

Signature: Service Coordinator/designee signs the document.

Original – Parent