Parental Prior Notice Form

Parent: _____ Child:_____

Date:_____ DOB:_____

☐ **WRITTEN PRIOR NOTICE** *(To be completed by the person initiating or changing services.)*
This is to notify you of changes being proposed to your child/family services as required by Procedural Safeguards.*

☐ Initiation of evaluation/assessment ☐ Initiation of Part C services ☐ Part C services ending
☐ Change in evaluation/assessment ☐ Change to Part C services ☐ Change in Service Coordinator

Describe why services are being initiated or changed:

_____

_____

_____

Effective date of initiation/change: _____ ☐ Parent waived their right to 14 days written prior notice

Name of person proposing the initiation or change described above:_____

Title:_____ Agency:_____

☐ Copy sent to Help Me Grow Service Coordinator on:_____

☐ **IFSP MEETING NOTICE** *(To be completed by the Help Me Grow Service Coordinator.)*
This is to notify you that the following meeting will occur:
☐ **Initial IFSP** ☐ **IFSP Review meeting** ☐ **180 DAY IFSP REVIEW (updated assessment information required)**

Date_____ Time_____ Location_____

The following individuals or agency representatives are invited to attend and a copy of this form has been sent to them. Releases of information, if necessary are attached to this invitation. Those invited are asked to provide pertinent information either by attending the meeting, or sending information to the Service Coordinator listed below no later than 24 hours prior to the scheduled meeting time. Please let us know for certain whether or not you will be attending the meeting by calling me. Thank you.

_____ _____

_____ _____

☐ **IFSP UPDATE** *(To be completed by the Help Me Grow Service Coordinator and Parent.)*

I agree to waive written prior notice in order to update the IFSP to reflect change in strategy, method, frequency, intensity and/or duration of services or a change in service provider within the same agency and initiate the proposed action without delay. These changes are at the request of the family or service provider and not the result of availability of services.

_____Parent Signature _____Date

Help Me Grow Service Coordinator (Printed Name)_____

Signature_____Agency_____

Phone_____ Fax_____ Email_____

A copy of the "Parent's Rights in Help Me Grow" is enclosed for your convenience containing information regarding the complaint resolution process. *Procedural safeguards represent the assurance and process provided by the Individuals with Disabilities Education Act (IDEA) that protects parents' and eligible children's rights as outlined in the law. Procedural Safeguards provide standards for accountability, consistency, and a means for settling disputes in a fair and equitable manner.