

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Written Notice of Eligibility for Early Intervention Services

Date\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_\*:

(Legal child name)

Written notice is one of the important parents' rights in the Individuals with Disabilities Education Act. \_\_\_\_\_ must give you written notice when it determines your child is eligible for early intervention services.

The multidisciplinary team has reviewed your child's evaluation and assessment results and has determined that your child has a developmental delay or diagnosed condition to qualify for early intervention services, as defined by the Utah Baby Watch Early Intervention Program.

Date of eligibility determination\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your child has been determined eligible by:

Qualifying Medical Diagnosis       Standard Score       Informed Clinical Opinion

Next steps include writing an Individualized Family Service Plan (IFSP) so that we can begin or continue providing early intervention services to your family and your child.

Information about eligibility is available in the Parents' Rights Handbook that we gave you. A copy of the Parents' Rights Handbook is available online at [http://health.utah.gov/cshcn/pdf/BabyWatch/Parent Rights Handbook EN.pdf](http://health.utah.gov/cshcn/pdf/BabyWatch/ParentRightsHandbookEN.pdf) and a summary is found at [http://health.utah.gov/cshcn/pdf/BabyWatch/Parent Rights Summary.pdf](http://health.utah.gov/cshcn/pdf/BabyWatch/ParentRightsSummary.pdf)

If you have any questions about any information in this letter, please contact the following person at \_\_\_\_\_:

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_