

Name: _____

DOB: ____/____/____

Written Notice of Ineligibility 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 that your child is **not eligible** or **no longer eligible** for early intervention services.

The multidisciplinary early intervention team has reviewed your child's evaluation results, assessment results, and medical records and has determined that your child is **not eligible** for the Baby Watch Early Intervention Program at this time.

Date of ineligibility determination*: ____/____/____

Summary (provide brief ineligibility summary)*:

Next steps, if recommended

You have the right to dispute your child's eligibility determination through dispute resolution.

More information 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/Parent%20Rights%20Handbook%20EN.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/Parent%20Rights%20Summary.pdf)

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

Service Coordinator: _____



Name: _____

DOB: ____ / ____ / ____

Telephone: _____ Email: _____