

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)\*:

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Next steps, if recommended

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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> and a summary is found at <http://health.utah.gov/cshcn/pdf/BabyWatch/Parent Rights Summary.pdf>

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

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

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