

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)\*:

Empty box with dashed lines for summary.

Next steps, if recommended

Empty box with dashed lines for next steps.

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: \_\_\_\_\_