

Utah Baby Watch Early Intervention

Name: _____

DOB: __/__/____ IFSP: __/__/____

Consent to Decline the Referral Notification to the SEA/LEA

I do not want my child and family information sent to the State Office of Education and local school district special education preschool program. I am declining the referral notification.

I understand that I may reverse my decision to decline the referral notification in writing at any time before my child reaches 34.5 months of age.

Signature of Parent or Guardian

Date (mm/dd/yyyy)