

FIRST STEPS PRIOR NOTICE FOR FAMILIES

Form 15

(Parent/Family Name)

(Family's) Street Address

City/State

Zip Code

RE: _____
(Child's Name)

(Child's CBIS number)

Dear _____:
(Parent or Guardian)

I am writing about the services your child receives through First Steps. I would like to tell you about the following:

_____ **A Meeting**

Date: _____ Time: _____

Location: _____

Reason for Meeting: _____

_____ **A Change/Initiation of Services(s) (including Assessments and Evaluations)**

Proposed or Current Services	Service Change (n/a if evaluation or assessment)	Proposed Effective Date	Reason for Change
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ **Discharge from the Program** Proposed Effective Date _____

NOTICE: (check one) _____ **Given in Person** _____ **Mailed** on (Date) _____ **by:**

SIGNATURE: _____ **DATE** _____
Name/Title

Written prior notice must be obtained before proposing or refusing to initiate or change the identification, evaluation, or placement of a child or the provision of appropriate early intervention services (34 CFR 303.403).

*Please refer to your **Family Rights Handbook** for information about your rights as a parent of a child in First Steps and for information about how to file a complaint, request Mediation and Due Process, or use the Record Review Process.*