

Notice of Action

In accordance with Part C of the IDEA

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Prior written notice must be given to you before certain actions are taken. The actions proposed will be implemented after five (5) working days from the date of this notice. Certain actions will require your written consent to be implemented.

1. The action(s) proposed (Check one):

<input type="checkbox"/> Add new early intervention service: _____ <div style="text-align: center; font-size: small;"><i>Name of Service</i></div> <p style="margin-left: 20px;"><i>This action also requires written consent</i></p>	
<input type="checkbox"/> Increase in IFSP service (check all that apply): <input type="checkbox"/> Duration <input type="checkbox"/> Length <input type="checkbox"/> Intensity <input type="checkbox"/> Frequency Name of Service: _____ <p style="margin-left: 20px;"><i>This action also requires written consent</i></p>	<input type="checkbox"/> Decrease in IFSP service (check all that apply): <input type="checkbox"/> Duration <input type="checkbox"/> Length <input type="checkbox"/> Intensity <input type="checkbox"/> Frequency Name of Service: _____
<input type="checkbox"/> Change reason for eligibility <input type="checkbox"/> Change in eligibility status	

2. The action(s) refused (Check one):

<input type="checkbox"/> Evaluation of child for eligibility								
<input type="checkbox"/> Develop an IFSP for child and family								
<input type="checkbox"/> Completion of the family assessment and development of IFSP								
<input type="checkbox"/> Parental request for a change in IFSP (Check all that apply): <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Outcome</td> <td><input type="checkbox"/> Duration</td> </tr> <tr> <td><input type="checkbox"/> Early Intervention Service</td> <td><input type="checkbox"/> Length</td> </tr> <tr> <td><input type="checkbox"/> Frequency</td> <td><input type="checkbox"/> Method of Delivery</td> </tr> <tr> <td><input type="checkbox"/> Intensity</td> <td><input type="checkbox"/> Location of Services</td> </tr> </table>	<input type="checkbox"/> Outcome	<input type="checkbox"/> Duration	<input type="checkbox"/> Early Intervention Service	<input type="checkbox"/> Length	<input type="checkbox"/> Frequency	<input type="checkbox"/> Method of Delivery	<input type="checkbox"/> Intensity	<input type="checkbox"/> Location of Services
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<input type="checkbox"/> Parental request for (Check all that apply): <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Intensive Level Evaluation</td> <td><input type="checkbox"/> Administration of an Assessment</td> </tr> <tr> <td><input type="checkbox"/> Service Exceptions</td> <td><input type="checkbox"/> Services Outside of IFSP Team Discussions</td> </tr> <tr> <td><input type="checkbox"/> Adding or Increasing Services</td> <td><input type="checkbox"/> Services to be delivered to location out-of-state</td> </tr> </table>	<input type="checkbox"/> Intensive Level Evaluation	<input type="checkbox"/> Administration of an Assessment	<input type="checkbox"/> Service Exceptions	<input type="checkbox"/> Services Outside of IFSP Team Discussions	<input type="checkbox"/> Adding or Increasing Services	<input type="checkbox"/> Services to be delivered to location out-of-state		
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Reason for Action(s): _____

Signature of POE Representative: _____ **Date:** _____

A copy of the Parents Rights is included with this notice. If you believe that the POE has violated the regulations associated with the action, you may file a written complaint by contacting the Department of Public Health, Kentucky's Early Intervention System at 877-417-8377 or by email at chfs.firststeps@ky.gov.

