

## 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:**

|   |   |
|---|---|
| <input type="checkbox"/> Add new early intervention service <i>Name of Service:</i> _____<br><i>This action also requires written consent</i>   |   |
| <input type="checkbox"/> Increase in IFSP service <i>(check all that apply):</i><br><input type="checkbox"/> Duration <input type="checkbox"/> Length<br><input type="checkbox"/> Intensity <input type="checkbox"/> Frequency<br><br><i>Name of Service:</i> _____<br><i>This action also requires written consent</i> | <input type="checkbox"/> Decrease in IFSP service <i>(check all that apply):</i><br><input type="checkbox"/> Duration <input type="checkbox"/> Length<br><input type="checkbox"/> Intensity <input type="checkbox"/> Frequency<br><br><i>Name of Service:</i> _____ |
| <input type="checkbox"/> Change reason for eligibility  | <input type="checkbox"/> Change in eligibility status   |

**2. The action(s) refused:**

|   |
|---|
| <input type="checkbox"/> Evaluation of child for eligibility  |
| <input type="checkbox"/> Develop or continue 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 <i>(Check all that apply):</i><br><input type="checkbox"/> Outcome <input type="checkbox"/> Duration <input type="checkbox"/> Early Intervention Service <input type="checkbox"/> Length<br><input type="checkbox"/> Frequency <input type="checkbox"/> Method of Delivery <input type="checkbox"/> Intensity <input type="checkbox"/> Location of Services                          |
| <input type="checkbox"/> Parental request for <i>(Check all that apply):</i><br><input type="checkbox"/> Intensive Level Evaluation <input type="checkbox"/> Administration of an Assessment<br><input type="checkbox"/> Service Exceptions <input type="checkbox"/> Services Outside of IFSP Team Discussions<br><input type="checkbox"/> Adding or Increasing Services <input type="checkbox"/> Services to be delivered to location out-of-state |

**3. Reason for Action(s):**

|   |
|---|
| <input type="checkbox"/> Child is not eligible for services due to:<br><input type="checkbox"/> Age (3 years and older) <input type="checkbox"/> Age Appropriate/IFSP Goals Met <input type="checkbox"/> Residence (outside Kentucky)<br><input type="checkbox"/> Other <i>(specify):</i> _____ |
| <input type="checkbox"/> Screening Passed   |
| <input type="checkbox"/> IFSP team determined the child and family need this service  |
| <input type="checkbox"/> IFSP team determined the child and family do not need this service   |
| <input type="checkbox"/> Attempts to contact parent have been unsuccessful  |
| <input type="checkbox"/> Frequent re-scheduling by parent (3 consecutive attempts to re-schedule the same service or meeting)   |
| <input type="checkbox"/> Parent declines/withdraws from services  |
| <input type="checkbox"/> Child's hearing status could not be confirmed timely   |
| <input type="checkbox"/> Child's medical records could not be obtained  |
| <input type="checkbox"/> Other <i>(specify):</i> _____  |

**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, request mediation, or request a Due Process hearing by contacting the Department for Public Health, KEIS at 877-417-8377 or by email at [chfs.firststeps@ky.gov](mailto:chfs.firststeps@ky.gov).**

