

**The Department of Early Learning
Washington Early Support for Infants and Toddlers (ESIT) Program**

Parent Written Prior Notice

PURPOSE: To provide the parent with written prior notice before the ESIT program takes an action or refuses to take an action in order to give the parent the opportunity to consider the action and request dispute resolution if they disagree with the ESIT program decision.

CHILD'S NAME	DOB	FAMILY RESOURCES COORDINATOR
PARENT(S) NAME		DATE

The ESIT program is required to provide you with written prior notice within a reasonable time before proposing or refusing to initiate or change the identification, evaluation, or placement of your child or the provision of appropriate early intervention services to your child or family. This is your statement of that notice. Please check all that apply:

<input type="checkbox"/>	Your child does not need an evaluation and assessment.
<input type="checkbox"/>	Your child is eligible for the ESIT program, and a meeting is needed to develop your child's initial IFSP.
<input type="checkbox"/>	Your child is not eligible for the ESIT program.
<input type="checkbox"/>	A meeting to develop the annual Individualized Family Service Plan (IFSP) is needed.
<input type="checkbox"/>	A meeting to revise or review the Individualized Family Service Plan (IFSP) is needed.
<input type="checkbox"/>	A transition planning conference is being convened with your approval.
<input type="checkbox"/>	Other (describe)

Reasons why this action(s) is being proposed or refused including a description of information used to make this decision (i.e., evaluation/assessment results, reports, records, etc):

PARENT(S) ACKNOWLEDGMENT

Notice given in person mailed on _____ (date)
by (Name/Title/Agency):

You received this notice by mail, please sign and return it to:

Name:

Address:

This notice includes a copy of the **ESIT Program Parent Rights**. As discussed in this information, you have the right to request formal dispute resolution should you disagree with the above proposed or refused action(s).

I have received a copy of the **ESIT Program Parent Rights** along with this notice. This information has been explained to me and I understand it.

PARENT(S) SIGNATURE	DATE
----------------------------	-------------

Attachment: ESIT Program Part C Procedural Safeguards (Parent Rights)

Note: Parents are to receive a copy of this form and a signed copy is to be included in the child's early intervention record.