



SoonerStart Early Intervention Program Prior Written Notice

Parent(s) Name:	Child's Name:	Date of Birth:
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This notice is to inform you of the SoonerStart Early Intervention Program's Intent as follows:

Description of Action:

<input type="checkbox"/> SOONERSTART IS PROPOSING TO: <input type="checkbox"/> INITIATE <input type="checkbox"/> MODIFY/ CHANGE	<input type="checkbox"/> SOONERSTART IS REFUSING TO: <input type="checkbox"/> INITIATE <input type="checkbox"/> MODIFY/CHANGE
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Check all that apply:

- Screening is completed and an evaluation to determine SoonerStart eligibility is recommended.
- Screening is completed and an evaluation to determine SoonerStart eligibility is **NOT** recommended.
- Child is **ELIGIBLE** for SoonerStart services and an Individualized Family Service Plan (IFSP) is necessary.
- Child is **NOT ELIGIBLE** for SoonerStart services and an Individualized Family Service Plan (IFSP) is **NOT** necessary.
- Early intervention services will be provided as stated on his/her Individualized Family Service Plan (IFSP).
- Child is no longer in need of **CONTINUED** early intervention services.
- Child will transition from SoonerStart upon his/her third birthday and development of Transition Steps and Services are necessary.
- Child will transition from SoonerStart at his/her third birthday and a Transition Planning Conference is necessary.
- Discontinue SoonerStart services at the parent(s)/guardian request.
- Other: _____

Explanation of the proposal or refusal (proposed or refused action):

Reason for the proposal or refusal:

Description of any options considered and reasons refused:

Description of each evaluation procedure, test, record, observation, or report used as a basis for the proposed or refused action:

Description of any other factors relevant to the proposal or refusal:

Written notice of these actions is required within a reasonable time before implementation unless agreement otherwise

Parents have protection under the procedural safeguards. If you have any questions regarding this notice or your rights, please contact the person listed on this form.

Signature of SoonerStart Official:	SoonerStart Site:	Phone:	Date:
Address:	City:	State: <div style="text-align: center;">OK</div>	Zip:

Office Use:

<input type="checkbox"/> U.S. Mail Date Mailed:	<input type="checkbox"/> Personal Delivery Date Delivered:
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