SoonerStart Early Intervention Program
Notification to Local Education Agency (LEA)

Child's Name:	Date of Birth:

Section 1: Parent Information

Name:	Phone:

Address:	City:	State:	Zip:

Any Additional Contact Information

Section 2: School District Name

Section 3: SoonerStart Information

Service Coordinator:	Site:	Phone:	Date:

Address:	City:	State:	Zip:

☐ U.S. Mail Date Mailed:	☐ Emailed Date Sent: