**SoonerStart Early Intervention Program**

**Prior Written Notice – ANNUAL IFSP REVIEW, Family Continues Services**

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| Parent(s) Name: | | Child’s Name: | | | Date of Birth: | | |
| **The SoonerStart Early Intervention Program is required to provide you with prior written notice within a reasonable amount of time before proposing or refusing to initiate or change the identification, evaluation, or placement of your child, or the provision of early intervention services to your child or family. This is your statement of that notice. This letter is to provide notice of the following (check all that apply):** | | | | | | | |
| Description of Action: | | | | | | | |
|  | A developmental screening has been completed and an evaluation to determine eligibility for SoonerStart is not recommended. | | | | | | |
|  | A developmental screening has been completed and an evaluation to determine eligibility for SoonerStart is recommended. | | | | | | |
|  | Your child is eligible for SoonerStart and a meeting to develop the Individualized Family Service Plan (IFSP) is recommended. | | | | | | |
|  | Your child is not eligible for SoonerStart and an Individualized Family Service Plan (IFSP) is not recommended. | | | | | | |
|  | An Individualized Familly Service Plan (IFSP) has been developed and services will be provided as outlined on the Individualized Family Service Plan (IFSP). | | | | | | |
| XX | **A review of the Individualized Family Service Plan (IFSP) has been completed and services will be provided as outlined on the IFSP.** | | | | | | |
|  | Your child is no longer in need of SoonerStart services. | | | | | | |
|  | Your child is 27 months of age or more and transition has been initiated on the Individualized Family Service Plan (IFSP). | | | | | | |
|  | Your child is 27 months of age or more and a transition planning conference (TPC) has been completed. | | | | | | |
|  | SoonerStart services have been discontinued at your request. | | | | | | |
|  | Other (describe): | | | | | | |
| Optional - Additional information related to the above action(s): | | | | | | | |
| **The SoonerStart program suspended face-to-face contact with families to minimize the risk of exposure to families and staff during the COVID-19 public health emergency.** | | | | | | | |
| Reason(s) why the action(s) is being proposed or refused: | | | | | | | |
| **A review of the IFSP is required to be completed at least every 6 months and annually. An Annual IFSP review was completed with the family to determine continued SoonerStart intervention services via teleconference or virtually (Skype or FaceTime).** | | | | | | | |
| Description of information used to make this decision (screening results, evaluation/assessment procedures, reports, records, etc.): | | | | | | | |
| **This child has been actively receiving IFSP early intervention services and an annual review of the existing IFSP was necessary. The existing IFSP has been reviewed and updated as required. An Annual IFSP was developed and will be initiated with the child/family as written. Per the United States Department of Education regarding the provision of services under the Individuals with Disabilities Improvement Act (IDEA) during a federally declared disaster or emergency, SoonerStart has offered and will provide all intervention services (including reviews of the IFSP) via teleconferencing, Skype and/or FaceTime until such a time that public health officials deem that face to face visits are safe and may be resumed by the program.** | | | | | | | |
| Description of any other options considered & reasons rejected or any other factors relevant to the proposal or refusal: | | | | | | | |
| **IFSP intervention services are scheduled to continue for the child/family using the agreed upon platform of either teleconference or virtually (Skype or FaceTime).** | | | | | | | |
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| **Optional:** I understand the above and agree that the action(s) described on this notice may occur without the notice being provided to me by SoonerStart a reasonable amount of time prior to the proposed or refused action(s) taking place.  ***Parent Initials: Date:*** | | | | | | | |
| **Parents have protection under the procedural safeguards as described in the *Parent Rights for SoonerStart Services – Notice of Procedural Safeguards*. As outlined in this information, you have the right to file a complaint, request mediation and/or a due process hearing should you disagree with the above proposed or refused action. If you have any questions regarding this notice, please contact the person listed below:** | | | | | | | |
| **SoonerStart Service Coordinator/Designee:** | | | **SoonerStart Site:** | | | **Phone:** | |
| **Address:** | | | **City:** | **State: OK** | | | **Zip:** |