**SoonerStart Early Intervention Program**

**Prior Written Notice – Screening, Evaluation NOT Recommended**

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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: | | | | | |
| XX | **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). | | | | |
|  | 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 is focused on ensuring the safety for every family. To reduce the risk of exposure during the coronavirus (COVID-19) pandemic, the program has suspended face-to-face contact with families at this time.** | | | | | |
| Reason(s) why the action(s) is being proposed or refused: | | | | | |
| **Based on the results of the developmental screening conducted with your child, and a discussion of your concerns regarding your child’s development, an evaluation to determine eligibility for early intervention services is not recommended at this time.** | | | | | |
| Description of information used to make this decision (screening results, evaluation/assessment procedures, reports, records, etc.): | | | | | |
| **SoonerStart based this recommendation on the results of an age-appropriate Ages and Stages Questionnaire (ASQ) given to your child, and information provided by parents/caregivers.** | | | | | |
| Description of any other options considered & reasons rejected or any other factors relevant to the proposal or refusal: | | | | | |
| **Based on these screening results and discussion with you, your child’s file will be inactivated. You may refer your child back to the SoonerStart program anytime prior to 45 days before his/her 3rd birthday if you have concerns about development in the future.** | | | | | |
|  | | | | | |
| **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:** |