



Insert Specific Program Information here

TO: Family
Address
City, State & Zip
RE: Child's Name
Date of Birth

Parental Prior Notice for Proposed Action

Date: \_\_\_\_\_

The Kansas Infant Toddler Programs are required to provide you with written prior notice within a reasonable amount of time (10 calendar days) before taking any actions regarding your child. This letter is to provide notice of the following: (check all that apply)

- A screening for your child. (Please completed the Consent for screening form)
Evaluation & assessment of your child is not necessary at this time.
An evaluation & assessment of your child is necessary. (Please complete the Consent for evaluation form)
Your Child is Eligible / Not Eligible for Part C Services (circle one)
A meeting to develop the initial Individual Family Service Plan (IFSP).
A meeting to develop the annual Individualized Family Service Plan (IFSP).
A meeting to revise or review the Individualized Family Service Plan (IFSP).
A meeting to have the transition conference.
An Individual Family Service Plan meeting to develop the transition plan.
Meeting to discuss exiting your child from services.
Other (describe) \_\_\_\_\_

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

Meeting Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Acknowledgment

This notice includes being provided a copy of the Child and Family Rights and the Kansas ITS Complaints Process – Kansas Infant Toddler Services. As discussed in this information, you have the right to contact the Kansas Department of Health and Environment at 785.296.6135 or 1.800.332.6262 and make an informal complaint, formal written complaint, request mediation and/or an impartial due process hearing should you disagree with the above proposed or refused action(s). For more information, you may also consult the Kansas Infant Toddler Services website at http://www.ksits.org/families.htm

Notice [ ] given in person [ ] mailed on \_\_\_\_\_ (date) by: \_\_\_\_\_ Name/Title

I have received a copy of family rights and safeguards under Part C of IDEA (Child and Family Rights and the Kansas ITS Complaints Process – Kansas Infant Toddler Services) along with this notice. This information has been explained to me and I understand it.

Optional: I understand the above and agree that these activity(s) by the Part C/tiny-k program may occur prior to the 10-calendar-day prior notice timeline.

Signature of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

Initials of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

Note: Parents are to receive a copy of this form.