











We propose the following action(s) concerning

(child) _____ DOB _____

Parent name(s): _____

☐ **Discontinue formal Early Intervention services as of (date):**  _____

Circle Reason: 

1. No longer eligible for Part C prior to reaching age 3 
2. Part B Eligible 
3. Not eligible for Part B, exit to other programs 
4. Not eligible for Part B, exit with no referrals 
5. Part B elig. Undetermined – transition meeting declined 
6. Part B elig. Undetermined – referred, results unavailable
7. Deceased before age 3
8. Moved Out of State before age 3 
9. Withdrawn by Parent/Guardian – parent satisfied with progress
10. Withdrawn by parent/guardian – Parent not interested

11. Withdrawn by parent/guardian – Fee
12. Withdrawn by parent/guardian – Other
13. Attempt to contact unsuccessful

14. Moved to another EI program within the State 

New phone: _____

New address: _____


Plans for referral: _____

Records to be sent to: _____

☐ Other: _____

as of (date): _____ reason: _____

Notice to Families: Your child's Early Intervention Records are retained for five years and then destroyed.

Actions above proposed by KOTM staff member:  Date: _____

Prior Notice of Termination of Services

This letter serves as written prior notice as required by Federal and state regulations. See back for a summary of parents' rights under Part C of the Individuals with Disabilities Education Act, which authorizes and regulates the provision of Early Intervention services.

White: Parent **Yellow:** Child File