Infant & Toddler Connection of Virginia

TO: Family _____

Address _____

City, State & Zip _____

RE: Child's Name _____

# Parental Prior Notice ITCV-PS-3(R) 7-10

Date: _____

Dear: _____

Infant & Toddler Connection of Virginia is required to provide you with written prior notice within a reasonable time (5 calendar days) before proposing or refusing to initiate or change the identification, evaluation (eligibility determination), or placement of your child, or the provision of appropriate early intervention services to your child or family. This letter is to provide notice of the following: (check all that apply)

_____ Your child is eligible for Infant & Toddler Connection of Virginia.

_____ Your child is not eligible for Infant & Toddler Connection of Virginia.

- ☐ Your child does not meet the requirements for Virginia's definition of eligibility.
- ☐ Your child will be turning three years old on _____. Effective on that date, your child is no longer eligible for early intervention services through the Infant & Toddler Connection of Virginia.
- ☐ Your child will soon be receiving early childhood special education services through your local school division. On the date Part B services begin, your child is no longer eligible for early intervention services through the Infant & Toddler Connection of Virginia.

_____ A meeting to develop the initial Individual Family Service Plan (IFSP) is needed.

_____ A meeting to develop the annual Individualized Family Service Plan (IFSP) and confirm eligibility is needed.

_____ A meeting to revise or review the Individualized Family Service Plan (IFSP) is needed.

_____ The required transition planning conference is necessary.

_____ 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, assessment procedures, reports, records, etc):

This notice includes a copy of the Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System. As discussed in this information, you have the right to request mediation and/or an impartial due process hearing should you disagree with the above proposed or refused action(s).

**Notice ☐ given in person ☐ mailed on _____ (date) by:**

Sincerely, _____
Name/Title

**Parent(s) Acknowledgment:**

☐ I have received a copy and explanation of family rights under Part C of IDEA (Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System) and I understand them.

☐ If this is a notice of a meeting to develop an annual IFSP, I have received a copy and explanation of "*Facts about Family Cost Share*" and I understand them.

_____ _____
Signature of Parent(s) Date

☐ **If you received this notice by mail, please sign and return it to the address printed on the label above.**

**Optional:**

I understand the above and agree that these activity(s) by the Infant & Toddler Connection of Virginia may occur prior to the 5 calendar day prior notice timeline.

_____ _____
Initials of Parent(s) Date

Attachment: *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System and Facts About Family Cost Share (If applicable)*

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