

NOTICE OF ACTION
In accordance with Part C of the IDEA

Child's Name: _____ Date of Birth: _____

Prior Written Notice must be give to you before certain actions are taken. The Following is to inform you of the action(s) Proposed Refused

- Initial evaluation/assessment* Ineligibility for tiny-k services
 Change in eligibility (dismissal) Other: (Specify) _____
 Ongoing evaluation/assessment All EI Services are delivered in the child's natural environments

*parental consent required

Notice and Consent for tiny-k services in provided on the Individual Family Service Plan.

Reasons for the Action:

Provider's Signature: _____ Date: _____

A copy of your Parent's Rights and Procedural Safeguards is enclosed with this notice. If you need assistance in understanding the provisions of the Parent's Rights Statement, you may contact:

Douglas County ICC Office 843-3059
The Department of Health and Environment at 1-785-296-6135
Families Together at 1-800-264-6343
Kansas Advocacy and Protective Services at 1-877-776-1541