Form EI-11	
Today's date Child's name	Child's DOB
Parent name(s)	EIDS number
Prior Written Notice of Pr	roposed Change to Services
change the El services that will be pro	service provider recommends or proposes to begin (initiate) ovided to your family and child, we must give you prior writte beginning or changing that El service.
Ohio Early Intervention is proposing to child and your family.	beginchange one or more El service(s) for your
Details about proposed change	
Reason for proposed change	
Proposed date of change (no fewer tha	an 10 days from today's date)
Please contact me as soon as possible	if you have any questions about this action.
El service provider name	El service provider contact information
	n options available. A copy of your Ohio Early Intervention Parent ny questions, please contact your El service coordinator at:
El service coordinator name	El service coordinator contact information
Waiver of Timeline (optional)	On (date) (name/role)

(date)

in-person

the parent.

via mail

provided a copy of this notice and consent form to the parent(s)

If this form is completed by a person other than the EI service coordinator, the El provider must send a copy to the El service coordinator within five calendar days of providing notice to

via email.



Initials of parent(s)

I understand and agree to waive my right to

receive written notice 10 calendar days prior to changing or beginning proposed activity.



Date