

Form EI-10

Today's date _____

Child's name _____

Child's DOB _____

Parent name(s) _____

EIDS number _____

Service coordinator use only

On _____ (date), a copy of this notice was provided to the parent(s)

in-person via mail via email

Prior Written Notice of Exiting

Ohio Early Intervention (EI) is proposing to end EI services for you and your child. Ohio EI will retain a copy of your child's record until your child's ninth birthday. You have the right to review or request your child's record. Ohio Early Intervention is proposing to exit your child from the EI system no sooner than 10 days from the date of this notice for the following reason(s):

- | | |
|--|--|
| <input type="checkbox"/> Your child was screened and not suspected of having a developmental delay or disability. You may request an evaluation at any time by contacting your EI service coordinator. | <input type="checkbox"/> Your child's IFSP outcomes were met and your child's IFSP team agreed that no additional IFSP outcomes are needed. |
| <input type="checkbox"/> You did not provide consent for the evaluation or assessment of your child. | <input type="checkbox"/> You have ended participation in the EI system. |
| <input type="checkbox"/> Your child does not meet the eligibility requirements for EI services. | <input type="checkbox"/> We have not been able to contact you. Please contact your EI service coordinator within ten calendar days of this notice. |
| <input type="checkbox"/> The required re-determination of eligibility was not completed. | <input type="checkbox"/> Your child moved out of the state of Ohio. |
| <input type="checkbox"/> The required annual child assessment was not completed. | <input type="checkbox"/> Your child transitioned to Part B services with an IEP prior to the age of three. |
| <input type="checkbox"/> You determined that your family has no need for Individualized Family Service Plan (IFSP) outcomes at this time. | |

Comments:

As the parent, you have dispute resolution options available. A copy of the EI Parent Rights brochure is enclosed. If you believe the reason for exiting your child is unclear or inaccurate, please contact me.

EI service coordinator name _____

EI service coordinator contact information _____

You may re-refer at any time before your child turns three years old by contacting Central Intake at 1-800-755-4769 or by visiting www.ohioearlyintervention.org.