

# 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 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"/> Your child does not meet the eligibility requirements for EI services.   | <input type="checkbox"/> You have asked to end participation in the EI system.  |
| <input type="checkbox"/> The required re-determination of eligibility was not completed.  | <input type="checkbox"/> You have not responded to our attempts to contact you.   |
| <input type="checkbox"/> The required annual child assessment was not completed.  | <input type="checkbox"/> Your child moved out of the state of Ohio.   |
| <input type="checkbox"/> You determined that your family has no need for Individualized Family Service Plan (IFSP) outcomes at this time.                                       | <input type="checkbox"/> Your child transitioned to Part B services with an IEP prior to the age of three.                                  |

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.

El service coordinator name \_\_\_\_\_ El service coordinator contact information \_\_\_\_\_

***You may re-fer at any time before your child turns three years old by contacting Central Intake at 1-800-755-4769 or go to [www.ohioearlyintervention.org](http://www.ohioearlyintervention.org).***