Child's Name \_

Date of Birth

Child's Name:

Date Sent:

Name and Address of Parent/Guardian/Surrogate:

For Use by Preschool Early Intervention Program Only Date of Receipt of Signed NOREP/PWN

Dear

This notice summarizes recommendations for your child's preschool early intervention program.

- 1. Type of action proposed:
  - Your child should begin to receive preschool early intervention services as shown in the Α. Individualized Education Program (IEP). (For this action, the preschool early intervention program may not proceed without your written consent in Section 8 of this document.) Check A if the child is newly identified and meets the eligibility requirements for early intervention services and supports. A is usually used following an initial evaluation. Your child is not eligible for early intervention services. Β. Check B if the child was evaluated but did not meet the eligibility requirements for early intervention services and supports. C. Declined to initiate an evaluation (Must issue *Procedural Safequards Notice*) Check C if the preschool early intervention program is declining to initiate an evaluation requested by a parent. Change the D. Identification Check here if the preschool early intervention program is proposing to change the child's identification as eligible or if the child's disability category has changed. Evaluation Check here if the preschool early intervention program is proposing to change an evaluation report. Educational placement of the child, or Check here if the preschool early intervention program is proposing to change the child's recommended placement location. The provision of a free appropriate public education (FAPE) Check here if the preschool early intervention program is proposing to change the way a child's FAPE is addressed: for example, changes in the services or changes in the IEP that do not involve changes in location. Ε. Declined to change the Identification Check here if the preschool early intervention program is declining to change the child's identification as eligible or if the child's disability category has changed. Evaluation Check here if the preschool early intervention program is declining to change an evaluation report. Educational placement of the child, or

Child's Nam	
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	Check here if the preschool early intervention program is declining to change the child's recommended
	placement location.
	The provision of a free appropriate public education (FAPE)
	Check here if the preschool early intervention program is declining to change the way a child's FAPE is
	addressed; for example, changes in the services or changes in the IEP that do not involve changes in
	location.
F.	Due process hearing, or an expedited due process hearing, initiated by the preschool
	early intervention program
	The preschool early intervention supervisor will check F if the preschool early intervention program is
G.	initiating a due process hearing or expedited due process hearing.
G.	discontinued by the beginning of the coming school term. At that time, the education
	program and services will become the responsibility of the school district. You will be
	provided assistance with this transition.
	Check G if the child is transitioning to school age programming.
Н.	Vour child is no longer in need of early intervention services because (s)he has met exit
	criteria. We recommend current early intervention services be discontinued. The early
	intervention program will proceed with this change unless you notify us of your written
	disapproval.
	The preschool early intervention supervisor will check H if the child has functioned within the range of typica
	development for 4 months, with an IEP, and support for exiting was provided by the IEP team.
Ι.	Services during scheduled breaks
	Check I if the IEP is being changed to address services during scheduled breaks. For example, if a parent
	requested services during a break, regression during breaks has been demonstrated and documented, and
	based on a team decision; services are being planned during scheduled breaks. If the team does not agree, E above would be checked.
J.	Response to request for an independent educational evaluation at public expense
0.	Check J if the preschool early intervention program is responding to a request for an independent evaluation
	at public expense.
K.	Other
	Check K for situations not covered by options listed above, for example, if the parent/guardian withdrew the
	child.

 A description of the action proposed or declined by the preschool early intervention program: Describe in detail the proposed action or the action declined by the preschool early intervention program as checked above.

3. An explanation of why the preschool early intervention program proposed or declined to take the action:

Describe the reason(s) the early intervention program has proposed or declined the proposed action. Be specific about the reasons, citing information from the ER or the IEP.

4. A description of other options that the IEP team considered and the reasons why those options were not chosen. If the action proposed or declined is in regards to educational placement, options

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Early Intervention

considered must begin with the least restrictive environment with supplementary aids and services (information about supplementary aids and services is available on the PaTTAN website at <a href="https://www.pattan.net">www.pattan.net</a>.)

For IEPs regarding initial or annual placements, the educational location must be considered explicitly. The IEP team must first consider the least restrictive environment, such as the early childhood setting or the home, with the reason it was not chosen made clear.

Options Considered	Reason Not Chosen		

5. A description of each evaluation procedure, assessment, record or report used as a basis for the proposed action or action declined:

List the ER components and/or other information and activities (such as observation, parent interviews, consultation with EC teacher, etc.) that were reviewed in order to make the recommendation.

6. A description of other factors that were relevant to the preschool early intervention program's proposal or declined action:

Describe in detail any relevant issues, factors or concerns underlying the preschool EI program's proposed action or declined action. Reminder that if an early intervention service is projected to start later than 14 days after the IEP is completed, due to family request, or family/weather related reason, a justification of the later date must be attached to the IEP.

7. The educational placement recommended for your child is:

Educational placements include: Early Childhood Environment; Early Childhood Head Start; Early Childhood Special Education; Home; Part time-Part time; Separate School; Itinerant Services Outside the Home; Reverse Mainstream; Residential APS; Separate School APS.

Chief Executive Officer/Designee of Preschool Early Intervention Program Signature Date (typed) If not signed by the CEO, written documentation must exist, signed by the CEO, naming the designee.

You have rights and protections under law that are described in a document titled **Procedural Safeguards Notice.** If you need more information or want a copy of this notice, you may contact:

Name: \_\_\_\_

Phone: \_\_\_\_\_

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Child's Name	Date of Birth
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Position: \_\_\_\_\_ Email: \_\_\_\_\_

# 8. PARENTAL CONSENT

Directions for Parent/Guardian/Surrogate: Please check one of the options, sign this form, and return it within 10 calendar days. \*

I approve this recommendation.

**I DO NOT** approve this recommendation. \*\* My reason for disapproval is:

I request: (The preschool early intervention program will provide additional information on any request below for mediation or due process hearing.)

A meeting to discuss this recommendation with the preschool early intervention program

Mediation

Due process hearing

For an explanation of "mediation" or "due process hearing," please refer to the Procedural Safeguards Notice (PSN) provided to parents, or you may find the PSN online at www.pattan.net.

In addition to members of the child's IEP team, I/we authorize the following to receive the ER/IEP:

Name/Agency	Address	In its entirety or only certain sections?

\*\* If you **do not** approve the recommendation(s), your child will remain in the current program/ placement ONLY if you request a due process hearing or mediation. Due process hearing or mediation forms can be obtained from the Office for Dispute Resolution (ODR). Contact information for ODR is: 1-800-222-3353 or http://odr-pa.org.

## SIGN HERE:

Parent's Signature

Date

Daytime Phone

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_\_ The second second

\* Completion of this section is REQUIRED ONLY when a parent must provide written consent in order for the preschool early intervention to proceed as proposed. In circumstances when this form is NOT completed and parent consent is NOT required, the preschool early intervention program will proceed as proposed after 10 calendar days.

## PLEASE RETURN THIS ENTIRE FORM TO:

Name:

Address:

## Attached are local resources you can consult for additional information about the law and your rights.

For help in understanding this form, an annotated NOREP/Prior Written Notice form is available on the PaTTAN website at <u>www.pattan.net</u>. Type "Annotated Forms" in the Search feature on the website.

Child's Name

Date of Birth

### **RESOURCES FOR PARENTS**

### PARENT EDUCATION AND ADVOCACY LEADERSHIP CENTER

1119 Penn Avenue Suite 400 Pittsburgh, PA 15222 412-281-4404 (Voice) 866-950-1040 (Toll-Free Voice) 412-281-4409 (TTY) 412-281-4408 (Fax) www.pealcenter.org

## HISPANICS UNITED FOR EXCEPTIONAL CHILDREN (HUNE, INC.)

2215 North American Street Philadelphia, PA 19133 215-425-6203 (Voice) 215-425-6204 (Fax) www.huneinc.org

### THE MENTOR PARENT PROGRAM, INC.

P. O. Box 47 Pittsfield, PA 16340 814-563-3470 (Voice) 888-447-1431 (Voice in PA) 800-855-1155 (TTY) 814-563-3445 (Fax) www.mentorparent.org

### PENNSYLVANIA BAR ASSOCIATION

100 South Street Harrisburg, PA 17101 800-932-0311 (Phone) www.pabar.org

### DISABILITIES RIGHTS NETWORK

1414 North Cameron Street Suite C Harrisburg, PA 17103 800-692-7443 (Toll-Free Voice) 877-375-7139 (TDD) 717-236-8110 (Voice) 717-346-0293 (TDD) 717-236-0192 www.drnpa.org

### **CONNECT Information Services for Early** Intervention/HELPLINE 800-692-7288

Email: connecthelp@tiu11.org (For TTY, dial 711 for Relay Service)

## www.connectpa.net

Assists families and professionals in locating state, local and national resources and information for children birth through 5: provides referrals to early intervention services.

### THE ARC OF PENNSYLVANIA

301 Chestnut Street Suite 403 Harrisburg, PA 17101 800-692-7258 www.thearcpa.org

### MISSION EMPOWER

(855) 825-0788 Email: advocate@missionempower.org www.missionempower.org

### OFFICE FOR DISPUTE RESOLUTION

6340 Flank Drive Harrisburg, PA 17112-2764 717-901-2145 (Phone) 800-222-3353 (Toll free in PA only) 800-645-4984 (TTY) 717-657-5983 (Fax)

## odr-pa.org

The Office for Dispute Resolution administers the mediation and due process systems statewide, and provides training and services regarding alternative dispute resolution methods.

#### EARLY INTERVENTION TECHNICAL ASSISTANCE/ THE PENNSYLVANIA TRAINING AND TECHNICAL ASSISTANCE NETWORK/PATTAN

Harrisburg 800-360-7282 King of Prussia 800-441-3215 Pittsburgh 800-446-5607 www.pattan.net