

Insert Local Program Information Here

Child's Name: _____

Date of Birth: _____

A program certified by the Massachusetts Department of Public Health

Notification to the Local Education Agency (LEA):

The EI Program is required by federal law (the Individuals with Disabilities Education Act, "IDEA") to release limited personally identifiable information (such as your name, address, telephone number, your child's name and date of birth) as a way to notify your local school system of your child's potential eligibility for special education services at age three.

As a parent, you may "opt out" of this notification and not have the information sent.

I choose to have minimal personally identifiable information sent to my local school system. This information will ONLY include my name, my child's name, address, and telephone number. I understand that no other information (for example, IFSPs, evaluations or assessments, etc.) will be released to the school system without my written consent.

I choose not to have personally identifiable information (my name, my child's name, address and telephone number) sent to my local school system.

Parent Signature

Date

Parent Signature

Date

*Early Intervention programs in Massachusetts are certified by the Massachusetts Department of Public Health
250 Washington Street, Boston, MA 02108-4619
617-624-5070 – TTY 617- 624-5992*

LEA Notification Date:

Staff Initials: