

**CHILD AND FAMILY CONNECTIONS  
WAIVER OF WRITTEN PRIOR NOTICE**

Child's Last Name, First Name & Middle Initial: \_\_\_\_\_

Child's Date of Birth: (Month/Day/Year) \_\_\_\_\_ CBO/EI #: \_\_\_\_\_

**SECTION 1: COMPLETED BY SERVICE COORDINATOR**

I certify that two or more disciplines 1) reviewed all applicable and available developmental and, if appropriate, medical information, 2) either conducted developmental evaluations or reviewed existing, *current* developmental evaluations, and 3) concur on a recommendation regarding eligibility.

\_\_\_\_\_  
Service Coordinator's Signature

\_\_\_\_\_  
Date

**Based on the findings of the team of evaluators and in accordance with Bureau of Early Intervention policy, this child is/remains:**

**Eligible**

If eligible, the following criteria have been established:

- Eligible level of developmental delay (30% or more in one or more domains);
  - Measured by Department approved diagnostic instruments and standard procedures; or
  - Confirmed through informed clinical judgment of qualified staff based upon multidisciplinary evaluation & assessment if the child is unable to be appropriately and accurately tested by the standardized measures available.
- Physical or mental condition which typically results in developmental delay; and/or
  - At risk of substantial developmental delay, according to informed clinical opinion
    - Parent has been diagnosed with a Department-defined eligible medical condition, and/or
    - Three or more Department-defined at risk conditions have been met

**SECTION 2: REVIEWED WITH, COMPLETED AND SIGNED BY PARENT/GUARDIAN**

**IF ELIGIBLE, OBTAIN PARENT/GUARDIAN INITIALS AND SIGNATURE:**

1. The evaluation/assessment results have been sufficiently explained to me. \_\_\_\_\_ Initials
2. I am comfortable with my level of understanding about my child's development in all areas at this time. \_\_\_\_\_ Initials
3. I understand that I do not have to develop my child's Individualized Family Service Plan (IFSP) \_\_\_\_\_ Initials
4. I understand that if I choose to schedule my IFSP development meeting for another day, I will not jeopardize any covered Early Intervention (EI) services/supports that my child or family may need. \_\_\_\_\_ Initials

By signing below, I waive my right to written notice prior to eligibility determination and IFSP development, including the determination of appropriate early intervention services and supports. I understand that I have the right to dispute the determination of services/supports identified in the IFSP and can find information regarding the dispute process in the *State of Illinois Infant/Toddler & Family Rights under IDEA for the Early Intervention System* booklet.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date