

30.F20 Sample Form Letter Text
DISCONTINUATION OF ONE OR MORE SERVICES

This text may be individualized for each child and family.

Sample 1: Child Reaches 3 Years of Age (Entering Other Services)

Dear (parent/guardian):

As you know, (child's name) will be three years old on (date of child's third birthday). It is my understanding that (child's name) will be (entering the school district's special education program/enrolling in Head Start/receiving private therapy services/attending preschool/participating in child care/other) after he/she leaves Early Intervention.

(Child's Name)'s Early intervention services will end on (day before child's third birthday). Each of (child's name)'s service providers are aware/have been notified of his/her transition.

OPTIONAL SENTENCE: (Child's name)'s IFSP has been forwarded to (school district/Head Start/other), as requested.

I have enjoyed working with you and your family.

Sincerely,

Service Coordinator

Sample 2: Child Reaches 3 Years of Age (Not Entering Other Services)

Dear (parent/guardian):

As you know, (child's name) will be three years old on (date of child's birthday). It is my understanding that (child's name) will **not** be (entering the school district's special education program/enrolling in Head Start/receiving private therapy services/attending preschool/participating in child care/other) after he/she leaves Early Intervention.

(Child's Name)'s Early Intervention services will end on (day before child's third birthday). Each of (child's name)'s service providers are aware/have been notified of his/her transition.

I have enjoyed working with you and your family.

Sincerely,

Service Coordinator

Sample 3: Child No Longer Resides in Illinois

Dear (parent/guardian):

Due to (child's name)'s recent move to (new state of residence), he/she will no longer be able to receive early intervention services through the Illinois' Early Intervention Services System. I wanted to provide you with the name of the Early Intervention system coordinator in (new state of residence), in case you have not already had an opportunity to learn about (new state of residence)'s Early Intervention system. (Name of EI Coordinator in new state) is the Early Intervention system coordinator in (new state of residence). He/she can be reached at (phone number). I encourage you to contact him/her at your earliest convenience.

I have enjoyed working with you and your family.

Sincerely,

Service Coordinator

30.F20 Sample Form Letter Text -- Continued
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Sample 4: Voluntary Withdrawal by Parent/Guardian

Dear (parent/guardian):

As we discussed, you no longer wish to participate in Early Intervention. As a result of this decision, (child's name)'s authorized early intervention services have been discontinued effective (discontinuation date). Each of (child's name)'s early intervention service providers have been notified of (child's name)'s withdrawal from Early Intervention and the discontinuation of (child's name)'s service authorizations.

If at any time prior to (child's name)'s third birthday you wish to have him/her re-evaluated by the Early Intervention system, you may again contact us at (CFC phone number).

Sincerely,

Service Coordinator

Sample 5: No Response

Dear (parent/guardian):

We have been unable to reach you by phone and have received no response to repeated attempts to reach you by mail. It appears that your family is not interested in early intervention services at this time. I have closed (child's name)'s case record and will make no additional attempts to reach you.

If at any time prior to (child's name)'s third birthday you wish to have him/her evaluated by the Early Intervention system in order to determine his/her eligibility for services and supports, you may contact us at (CFC phone number).

Sincerely,

Service Coordinator

30.F20 Sample Form Letter Text -- Continued
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Sample 6: IFSP Outcomes Have Been Met – One or More Services to be Discontinued

Dear (parent/guardian):

As we discussed, (child's name) has met his/her outcome(s) related to his/her (adaptive/cognitive/communication/ motor/social-emotional) development. (Child's name)'s (occupational therapist/physical therapist/speech therapist/other) as well as his/her (another member of the child's IFSP team) agree that (child's name) no longer needs (service[s] being discontinued). (Child's name)'s authorization for (service[s] being discontinued) will be discontinued effective (date of discontinuation a reasonable time after written prior notice has been given).

I am enclosing the rights booklet (*State of Illinois: Infant/Toddler and Family Rights Under IDEA for the Early Intervention System*) that explains your rights regarding early intervention services, including your right to contest this decision should you feel that to be necessary. If you wish to do so, the current services would stay in place while the dispute is being resolved. Please review the rights booklet at your earliest convenience. You should submit any requests to appeal the decision as quickly as possible and prior to the date of change of service. Please contact me at (service coordinator phone number) if you need any more information about your rights or if you would like a form to request a mediation or administrative proceeding regarding this decision.

Sincerely,

Enclosure: Rights Booklet

30.F20 Sample Form Letter Text -- Continued
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**Sample 7: Discontinuation of One or More Services due to
Non-Payment of Family Fees (Cover Letter to Revised IFSP)**

Dear (parent/guardian):

The Department of Human Services indicates they are initiating collection procedures against you for family fees that are three months (90 days) past due. They have therefore instructed me to discontinue your direct *Individualized Family Service Plan (IFSP)* services subject to fees, including assistive technology devices. Your revised IFSP is attached and will take effect on (two weeks from the date of this letter).

As indicated in the enclosed booklet, you have the right to appeal this decision. Throughout the appeal process, the early intervention services in question will not change. However, the appeal must be made prior to the effective date of the discontinuation.

Unless you request otherwise, services not subject to fees will continue as shown on your IFSP. This includes service coordination and any authorizations for assessments, IFSP development, or family support by parent liaisons, deaf mentors and interpreters. Installments of your annual fee will be added to your account each month until your IFSP expires, and accumulated state payments will be tracked. You will not be required to pay more in annual fees than the state pays for your annual services subject to fees.

After payment of your past due account, you may contact me to request reinstatement of discontinued services. I can be reached at (service coordinator phone number). I will then request payment confirmation from the Department of Human Services and obtain permission to reauthorize direct IFSP services subject to fees, including assistive technology devices.

Sincerely,

Service Coordinator

Enclosure: Rights Booklet to Family
Revised Individualized Family Service Plan provided to Family & IFSP Team Members

cc: IFSP Team Members

30.F20 Sample Form Letter Text -- Continued

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**Sample 8: Notification that Services will Change
Due to Individualized Family Service Plan Review**

(Text under revision)

Dear (parent/guardian):

This is to notify you that the Early Intervention services authorized for (child's name) will change as follows: (description of change in service or levels of service). This change will be effective on (date of change to be no sooner than two weeks from the date of this letter). The change is being made pursuant to review of your IFSP and the current developmental needs of your child.

I am enclosing the rights booklet (*State of Illinois: Infant/Toddler and Family Rights Under IDEA for the Early Intervention System*) that explains your rights regarding early intervention services, including your right to contest this decision should you feel that to be necessary. If you wish to do so, the current services would stay in place while the dispute is being resolved. Please review the rights booklet at your earliest convenience. You should submit any requests to appeal the decision as quickly as possible and prior to the date of change of service. Please contact me at (service coordinator phone number) if you need any more information about your rights or if you would like a form to request a mediation or administrative proceeding regarding this decision.

Sincerely,

Service Coordinator

Enclosure: Rights Booklet