

Parental Opt-Out: Notification to Part B

This form is required for children who are potentially eligible for Part B and whose parent/guardian would like to opt-out of the notification to Part B special education preschool and/or related services.

Child Name	Date of Birth
Transition Notification Date	Form Due Date
Your child's Individualized Family Service Plan (IFSP) team for <i>Part B special education preschool and/or related servi</i> notification to the school district must occur no later than wont to have this notification sent to the school district.	ices* from your resident school district. The
The following information will automatically be shared with child's name, date of birth, and parent contact information.	, ,
By signing this form, I am declining notification to the scho	ol district, and I understand:
 My information will not be shared with the school distriction. My child will continue to receive ESIT services until the large the right to change my mind before my child turn special education preschool and/or related services management. 	e age of three. ns three. However, a delay in eligibility for Part B ay occur.
 If I have concerns after my child turns three, it is my re 	sponsibility to contact the school district for Part B

Parent/Guardian Signature _____ Date ____

If you change your mind before your child turns three, please reach out to your Family Resources

If you change your mind after your child turns three, please contact your school district.

special education preschool and/or related services.

Coordinator (FRC) or ESIT Provider Agency.

Parent/Guardian Name

* Part B special education preschool and/or related services means specially designed instruction that addresses the unique needs of a student eligible to receive special education services. Special education is provided at no cost to parents and includes the related services a student needs to access her/his educational program by creating an Individual Education Program (IEP).