

Required Elements for Prior Written Notice and Consent

The purpose of this document is to provide the elements for prior written notice and consent in a manner that will foster understanding of the need for and purpose of each element. The elements are not required to be in a specific order. It is important to note that the elements below will cover the majority of situations for the majority of families. There may be situations that require prior written notice and consent that are not listed here. Contractors must have processes in place to identify other such situations and provide proper notice.

Contractors may choose to use a single form, such as this one, for all situations requiring prior written notice and consent, or they may choose to develop multiple smaller forms for specific processes. Sample forms for specific processes are available on the HHSC ECI Extranet.

Contractors should consult with their legal counsel to ensure that all requirements are met.

Instructions

Left Column: Required elements for a prior written notice and consent form are listed in the left column of this chart. Each underlined required element must be printed on the form as written, but these elements are not required to be in any specific order. Formatting instructions are not underlined.

Right Column: Instructions for completing the elements and technical assistance for prior written notice and consent are in the right column. Refer to the sample forms for more clarity on how the required elements fit together.

Required Element	Instructions for Completing the Elements
Child's name: _____ Date of birth: _____	The child's name must appear on every page of the prior written notice and consent form.
Client ID: _____	Client ID is an optional field and may be used for a local or TKIDS case ID.
Under 34 CFR §303.421, the ECI program must give you a written notice (information received in writing), whenever the program: (1) proposes to begin or change the identification, evaluation, or placement of your child or the provision of early intervention services to your child; or (2) Refuses to begin or change the identification, evaluation, or placement of your child or the provision of early intervention services to your child. This notice includes a copy of HHSC ECI Procedural Safeguards Related to Prior Written Notice and Consent, which provides more information.	The HHSC ECI Procedural Safeguards Related to Prior Written Notice and Consent should be given to families every time notice is provided to ensure that families have the opportunity to think about the results of a process, and if needed, bring additional information to the team for review.

Required Element	Instructions for Completing the Elements
<p>Prior written notice is being provided for the following proposed or refused actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Screening of your child Reason Proposed: To determine whether further evaluation is needed <input type="checkbox"/> Evaluation of your child <ul style="list-style-type: none"> ○ Reason Proposed: To determine if your child is eligible for ECI services ○ Reason Refused: Based on screening results, an evaluation is not recommended. <input type="checkbox"/> Assessment of your child Reason Proposed: To determine the service needs of your child <input type="checkbox"/> Your child is eligible for Texas ECI services, and we recommend that your child begin ECI services. <input type="checkbox"/> Your child is not eligible for Texas ECI services, and we will close your child’s referral. <input type="checkbox"/> Meeting to develop your child’s initial IFSP Reason Proposed: To develop a plan of services for your child who has been determined eligible for ECI services <input type="checkbox"/> Meeting to review your child’s IFSP Reason Proposed: To review and/or make changes to your child’s current IFSP <input type="checkbox"/> Meeting to conduct the annual review and evaluation of your child’s IFSP Reason Proposed: To ensure the IFSP remains appropriate for your child’s and family’s needs <input type="checkbox"/> ECI services will <ul style="list-style-type: none"> ○ be implemented ○ not be implemented as documented on the IFSP <input type="checkbox"/> ECI services <ul style="list-style-type: none"> ○ will continue ○ will be discontinued <input type="checkbox"/> Meeting to develop IFSP transition steps and services Reason Proposed: To plan appropriate steps and services for your child’s transition from ECI services <input type="checkbox"/> Transition planning conference or community meeting <input type="checkbox"/> Purpose: To prepare you for leaving ECI <input type="checkbox"/> Other: _____ <ul style="list-style-type: none"> ○ Reason Proposed: _____ ○ Reason Refused: _____ <input type="checkbox"/> Additional Reasons (if needed): _____ 	<p>Prior written notice is required for all of these actions. Proposed and refused actions may be paired with the associated reasons in one list, or actions and reasons may be formatted into separate lists. As noted above, there may be situations that require prior written notice and consent that are not included in these lists.</p> <p>Select every appropriate action. If multiple processes are completed on the same day, select multiple actions.</p> <p>For evaluation “reason refused” doesn’t mean that a program can refuse to evaluate a child of the right age if the parent requests it. It means that the program is recommending against an evaluation.</p> <p>The requirements are the same for community transition meetings and transition planning conferences.</p>
Date	Enter the date the notice is provided.

Required Element	Instructions for Completing the Elements
Parent Initials: _____ Acknowledges Receipt: _____	By initialing, the parent acknowledges receipt of the notice. This is only required for use of the single form when it is given in person. If it is mailed, then the official record of mailing by the program is sufficient.
Prior Written Notice for <input type="checkbox"/> IFSP <input type="checkbox"/> Transition Conference	Select each applicable meeting.
Date: _____ Time: _____ Location: _____	Complete all information for the planned action or meeting.
The following people will participate with you in the process selected above: Name: _____ Discipline: _____	Complete the information for all those who are participating in the action (IFSP or transition conference or community meeting). You must meet the participant requirements in 26 TAC §§350.1009, 350.1011, 350.1017, 350.1203, 350.1207, and 350.1221.
You have the right to reschedule this appointment. Please contact us by calling the number below if you wish to change the appointment or have any questions regarding this notice. You also have the right to file a complaint, request mediation, or request a due process hearing should you disagree with the above proposed actions. We suggest that you meet with us as scheduled first. If you have concerns or comments about this notice you may contact the HHSC ECI office through the HHSC Ombudsman at 1-877-787-8999. Printed Name of ECI Staff Member: _____ Phone number: _____	Inform the family of their right to disagree and provide a copy of the HHSC ECI Procedural Safeguards for Prior Written Notice and Consent to the family. Complete the information required. Include a space for the service coordinator name or other ECI staff and the phone number.
Prior Written Notice for <input type="checkbox"/> Screening <input type="checkbox"/> Evaluation <input type="checkbox"/> Assessment	Select each applicable process.

Required Element	Instructions for Completing the Elements
Date: _____ Time: _____ Location: _____	Complete all information.
The following people will participate with you in the process selected above: Name: _____ Discipline: _____	Complete the information for all those who are participating in the action (screening, evaluation, or assessment). You must meet the participant requirements in 26 TAC §§350.1009 and or 350.1011.
Your child will be screened, evaluated, and/or assessed in the following developmental areas: <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Cognitive <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Social-Emotional <input type="checkbox"/> Communication <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Nutrition <input type="checkbox"/> Screening for Autism <input type="checkbox"/> Other: _____	It is required that you document and inform the parent of every appropriate developmental area that is being screened, evaluated, or assessed. Remember for eligibility determination a comprehensive evaluation is required that evaluates all of the developmental domains (adaptive/self-help, cognitive, fine motor, gross motor, social emotional, and communication). This form can be used for evaluation and assessment that occurs after eligibility determination as well. Adding a description of each developmental area is optional. If Other is checked, define it in the blank.

Required Element	Instructions for Completing the Elements
<p>Description of evaluation, procedure, assessment, record, or report the ECI program used in deciding the action:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent report or interview <input type="checkbox"/> Battelle Developmental Inventory 3rd edition <input type="checkbox"/> Developmental Assessment of Young Children 2nd edition <input type="checkbox"/> Hawaii Early Learning Profile (HELP) Strands <input type="checkbox"/> Informed clinical observation/opinion <input type="checkbox"/> ASQ/ASQ-SE – Ages & Stages Questionnaires <input type="checkbox"/> IDI – Infant Development Inventory/ CDR for > 18 months old <input type="checkbox"/> M-Chat–R Modified Checklist for Autism in Toddlers <input type="checkbox"/> Medical documentation <input type="checkbox"/> Therapy reports <input type="checkbox"/> ECI Vision, Hearing, and/or Nutrition Screening <input type="checkbox"/> Battelle Developmental Inventory 3rd edition Screening <input type="checkbox"/> Functional Vision Assessment 6th edition Instrument: _____ <input type="checkbox"/> Communication Assessment (AI) Instrument: _____ <input type="checkbox"/> Other: _____ 	<p>It is required that you document and inform the parent of all records, reports, and procedures used for the action.</p> <p>Complete the appropriate information.</p> <p>When the deaf or hard of hearing or visual impairment staff person uses a test instrument (such as the SKI HI), document the name of the test instrument.</p>
<p>Consent</p> <ul style="list-style-type: none"> <input type="checkbox"/> I consent for the <input type="checkbox"/> I do not consent for the <ul style="list-style-type: none"> <input type="checkbox"/> screening of my child. <input type="checkbox"/> evaluation of my child. <input type="checkbox"/> assessment of my child. 	<p>Parental consent is required for screening, evaluation and assessment.</p> <p>Complete the appropriate information.</p>
<p>You have the right to disagree with the above proposed or refused actions and you may file a complaint, request mediation, or request a due process hearing. This notice includes a copy of the HHSC ECI Procedural Safeguards Related to Prior Written Notice and Consent, which provides more information.</p>	<p>The HHSC ECI Procedural Safeguards Related to Prior Written Notice and Consent is to be given to families each time prior written notice or consent occurs to ensure that families have the opportunity to think about the results of a process and allows a family to bring additional information to the team for review if desired.</p>

Required Element	Instructions for Completing the Elements
Parent/Guardian/Surrogate Parent Signature and Date: ECI Staff Signature and Date: _____ Interpreter Signature and Date: _____	Complete required information. The parent must be provided with a copy of the completed, signed form for all instances of prior written notice and consent. Consent for billing is a separate document and is not covered by this form.
This notice was <input type="checkbox"/> given in person <input type="checkbox"/> mailed <input type="checkbox"/> sent via encrypted email	This is optional but may be beneficial. If used, select the appropriate box.
ECI Staff Signature and Date: _____	The signature of the service coordinator or ECI staff completing the form and the date must be completed.