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***北卡罗来纳州婴幼儿计划 (NC ITP)***

***预先书面通知***

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| 儿童姓名： | | |  | | | | 出生日期： | | | |  | |  | | | | | | |
| 通知日期： | | |  | | | |  | | | | | | | | | | | | |
| 尊敬的 | | ， | | | | |  | | | | | | | | | | | | |
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| **在北卡罗来纳州婴幼儿计划 (NC ITP) 提议或拒绝启动或更改对您孩子的身份认定、评估或安置，或为您的孩子和家庭提供早期干预服务之前，必须向家长提供事先书面通知。事先书面通知必须在采取行动前十 (10) 个日历日向家长提供，除非家长同意该行动可以在十 (10) 个日历日前进行。** | | | | | | | | | | | | | | | | | | | |
| **提议或拒绝的行动：** | | | | | | | | | | | | | | | | | | | |
|  | 您的孩子有资格加入 NC ITP | | | | | |  | | | | | | | | | | | |  |
|  | 您的孩子不符合加入 NC ITP 的资格 | | | | | | | | | | | | | | | | | |  |
|  | 您的孩子将在三岁前退出 NC ITP。IFSP 上列出的所有服务均将终止。 | | | | | | | | | | | | | | | | | |  |
|  | 其他*（仅当选择“其他”时才需要填写该行动说明）* | | | | | | | | | | | | | | | | | |  |
| 提议或拒绝的行动： | | | | | | | | | | | | | | | | | | | |
| 提议或拒绝**上述行动的原因**，包括用于做出该决定的信息描述（例如，家长访谈信息、评价/评估程序、报告、记录） | | | | | | | | | | | | | | | | | | | |
| 如果您对以上信息有任何疑问，请联系我。 | | | | | | | | | | | | | | | | | | | |
| 早期干预服务协调员 (EISC) 姓名： | | | |  | | 电话号码： | | | | | |  | | | | |  | | |
| 儿童发展服务机构 (CDSA) 名称： | | | | |  | | | | | | | | | | | | |  | |
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| **关于儿童和家庭权利及程序保障的家长通知：**我们向您提供了一份**《北卡罗来纳州婴幼儿计划儿童和家庭权利通知》**文件的副本，并对相关权利和程序保障进行了审查和解释，并将结果附作所有事先书面通知表格的附件。这些信息包括所有可用的程序保障措施，包括对调解、相关程序和州申诉程序的描述以及这些程序的时间表。 | | | | | | | |  | **For CDSA Use** (check and complete all that apply): | | | | | | | | |  | |
|  | | | | | | | |  |  | Notice mailed on | | | |  | | | |  | |
|  | | | | | | | |  |  | Notice hand-delivered on | | | | | |  | |  | |
|  | | | | | | | |  |  | Parent agreed on | | | | |  | | |  | |
|  | | | | | | | |  |  | to have the proposed action(s) occur sooner and not wait the ten (10) day prior notice time. | | | | | | | |  | |