

### PUBLIC EDUCATION AGENCY (PEA) NOTIFICATION/REFERRAL

AzEIP is required to notify your school district of residence that your child is nearing the age of three and is potentially eligible for preschool special education services. To notify the district, this PEA Notification/Referral form, with your child's name, date of birth, and your name, address, and telephone number to the school district will be sent to the district and to the Arizona Department of Education (ADE). Upon receiving this form, the school must consider it an initial referral to determine eligibility for preschool special education services. Parental consent is not required to send this PEA Notification/Referral to your district of residence. **HOWEVER, if you do not want AzEIP to provide this notification to your school district of residence, you have the right to opt-out by signing the opt-out section below.** If your child is eligible for AzEIP after age 2 years, 10½ months, your Service Coordinator may use a [Child Find Referral Form](#) if you would like a referral to the PEA.

Date of AzEIP Eligibility\* \_\_\_\_\_ Date of PEA Notification/Referral\* \_\_\_\_\_

#### Child's Information

Child's Full Name (Last, First, Middle)\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ I-Teams ID\* \_\_\_\_\_

Child's Physical Address (Number, Street, City, State, ZIP Code)\* \_\_\_\_\_

Mailing Address, if different from Physical Address (Number/PO Box, Street, City, State, ZIP Code) \_\_\_\_\_

Primary Language of Child\* \_\_\_\_\_ Primary Language of Home \_\_\_\_\_ Interpreter needed? \_\_\_\_\_

Parents' Names\* \_\_\_\_\_

Home Phone Number\* \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

District of Residence\* \_\_\_\_\_

#### Referring Early Intervention Program

Service Coordinator's Name\* \_\_\_\_\_ Early Intervention Program Name\* \_\_\_\_\_

Service Coordinator's Phone Number\* \_\_\_\_\_ Service Coordinator's E-Mail Address\* \_\_\_\_\_

Supervisor's Name or Program Manager\* \_\_\_\_\_ Supervisor's Phone Number\* \_\_\_\_\_ Supervisor's E-Mail Address\* \_\_\_\_\_

\* Indicates required information. If required information is missing, please contact the Service Coordinator or Supervisor.

#### Opt-Out of PEA Notification/Referral

You may opt-out of the automatic notification/referral of the above confidential information to your school district and to ADE by filling in your name below and signing and dating your decision to opt-out of the PEA Notification/Referral to your district. If your child is eligible for AzEIP before they are 2 years, 9 months, and you would like to opt-out, you must sign this opt-out no later than the date of your child's transition planning meeting otherwise the information above will be shared with your school district and ADE. If your child is eligible for AzEIP after 2 years, 9 months and you would like to opt-out, you must sign this form no later than the date AzEIP eligibility is determined otherwise the information above will be shared with your school district and ADE. If you would like your Service Coordinator to make a referral to your school district and later change your mind, please let the school district and your Service Coordinator know. Signing this opt-out form is not necessary once your information has been shared with your school district and ADE.

I, (Name, print) \_\_\_\_\_ choose to opt-out of the PEA Notification Referral for my child to my district of residence. My signature below meets the requirement that my objection is in writing.

Parent/Surrogate's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PEA NOTIFICATION/REFERRAL UPDATE 1 (if needed)**

If you move to an area covered by another school district, your Service Coordinator may provide an update to the new school district with the information below. If you initially opt-outed but later decide that you would like a referral to your school district, please let your Service Coordinator know in writing so they may provide the school district and ADE with the information below.

**Reason for PEA Update\*** \_\_\_\_\_ **Date of This PEA Update\*** \_\_\_\_\_

**Child's Information**

Child's Physical Address, if different from previous notification (*Number, Street, City, State, ZIP Code*)\*

\_\_\_\_\_  
Mailing Address, if different (*Number/PO Box, Street, City, State, ZIP Code*)

Home Phone Number\*                      Cell Phone Number                      Email

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

District of Residence\* \_\_\_\_\_ Transition Status Update \_\_\_\_\_

**Referring Early Intervention Program, if different from previous notification**

Service Coordinator's Name\*                      Early Intervention Program Name\*

\_\_\_\_\_  
\_\_\_\_\_

Service Coordinator's Phone Number\*                      Service Coordinator's E-Mail Address\*

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name or Program Manager\*                      Supervisor's Phone Number\*                      Supervisor's E-Mail Address\*

\_\_\_\_\_  
\_\_\_\_\_

**PEA NOTIFICATION/REFERRAL UPDATE 2 (if needed)**

**Reason for PEA Update\*** \_\_\_\_\_ **Date of This PEA Update\*** \_\_\_\_\_

**Child's Information**

Child's Physical Address, if different from previous notification (*Number, Street, City, State, ZIP Code*)\*

\_\_\_\_\_  
Mailing Address, if different (*Number/PO Box, Street, City, State, ZIP Code*)

Home Phone Number\*                      Cell Phone Number                      Email

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

District of Residence\* \_\_\_\_\_ Transition Status Update \_\_\_\_\_

**Referring Early Intervention Program, if different from previous notification**

Service Coordinator's Name\*                      Early Intervention Program Name\*

\_\_\_\_\_  
\_\_\_\_\_

Service Coordinator's Phone Number\*                      Service Coordinator's E-Mail Address\*

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name or Program Manager\*                      Supervisor's Phone Number\*                      Supervisor's E-Mail Address\*

\_\_\_\_\_  
\_\_\_\_\_

\* Indicates required information if updates to the original PEA Notification/Referral are needed. If required information or page 1 of this notification/referral is missing, please contact the Service Coordinator or Supervisor.