

Date:

Dear:

Thank you for your referral of \_\_\_\_\_ to the Arizona Early Intervention Program (AzEIP). The child's parent/guardian has given permission to share information about the outcome of the referral.

A screening was performed and the child is not suspected of having a significant development delay. The family has been provided with information regarding other resources within the community.

Based upon the information that has been gathered and reviewed by the multidisciplinary team, the child is eligible for AzEIP and the following agencies that are part of AzEIP.

DES/Division of Developmental Disabilities (DDD)

Arizona State Schools for the Deaf and the Blind (ASDB)

AzEIP only (not eligible for DDD or ASDB)

Based upon the information gathered by the multidisciplinary evaluation team, the child is not eligible for AzEIP at this time. The family has been provided with information regarding other resources within the community.

The family has declined to participate in the Arizona Early Intervention Program at this time.

Should you have any questions or if you need more information about AzEIP, please feel free to contact me at \_\_\_\_\_.

Sincerely,