## RECORD REVIEW REPORT/PRIOR WRITTEN NOTICE

(Link to Instructions for completing GCI-1157A and GCI-1157B)

1. Child's Name (Last, First, M.I.):
2. Date of Birth:
3. Parent's Name:
4. I-TEAMS ID#:
5. Region:
6. Service Providing Agency:
7. Medical records obtained from (Clinic,Hospital,Agency):
8. Name of Qualified Health Professional(s) documented in the records:
9. Date of the medical records:
10. Name of El Service Provider completing the record review:
11. El Service Provider's Discipline:
12. Records submitted identify that

13. Select All Established Conditions OR Significant, 50 percent, developmental delay(s) that Apply:

Established Condition(s)	Metabolic Disorder	dev	
Auditory Impairment	Neural Tube Defect Pediatric Undernutrition Periventricular Leukomalacia Severe Attachment Disorder	of:	
Cerebral Palsy			
Chromosomal Abnormality			
Congenital Infections			
Disorders Reflecting a Disturbance of the Nervous System	Visual Impairment		
	Other established		
Disorders Secondary to Toxic Substance Exposure (FAS)	condition not listed above:		
Hydrocephalus			
Intraventricular Hemorrhage Grade III or IV			

Significant,50 percent, developmental delay in the area(s) of:

Adaptive Development Cognitive Development Communication Development Physical Development (fine or gross motor)

Social Emotional Development

14. Additional information (complete as needed):

The Record Review Report will be sent to the Service Coordinator upon completion to be maintained in the child's record.

## **PRIOR WRITTEN NOTICE**

## Completed only if child meets AzEIP Eligibility Criteria

As the parents of a child who is involved with the Arizona Early Intervention Program (AzEIP), you have protections under the Individuals with Disabilities Education Act. These protections are found in the Child and Family Rights in the Arizona Early Intervention Program, which is provided to you with this notice. Prior Written Notice is one such protection. It means that we will let you know ahead of time about certain changes that we want to make and give you the chance to say "yes" or "no" to those changes. The following is the change that is being proposed and the reason for the change.

We propose to identify your child,	as eligible for AzEIP effective
(), based on your child meeting AzEIP eligibility criteria.	

Family was \_\_\_\_\_\_ of their rights and safeguards.

Date this Prior Written Notice was provided to the family:

Please contact me as soon as possible if you have any questions about this action or your Child and Family Rights in Arizona Early Intervention Program.

Service Coordinator's Name

Service Coordinator's Phone Number Service Coordinator's Email

Child and Family Rights in AzEIP

