

PUBLIC EDUCATION AGENCY (PEA) NOTIFICATION/REFERRAL

AzEIP is required to notify your school district of residence (PEA) that your child is nearing the age of three and is potentially eligible for preschool special education services. To notify the school district, this PEA Notification/Referral form, with your child's name, date of birth, and your name, address, and telephone number will be sent to the school 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 school 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 school district.

Date of AzEIP Eligibility*: _____ Date PEA Notification/Referral Sent to School District*: _____

Date PEA Notification/Referral Sent to ADE (required if eligible after 2.6*): _____

Child's Information

Child's Full Name (Last, First, Middle)*: _____ Date of Birth*: _____

I-Teams ID*: _____ AzEDS ID (found on I-TEAMS Transition Child page)*: _____

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: _____

Full Name of School District of Residence (no acronyms)*: _____

Referring Service Providing Agency

Service Coordinator's Name*: _____ Region*: _____ Service Providing Agency Name*: _____

Service Coordinator's Phone Number*: _____ Service Coordinator's Email Address*: _____

Supervisor's Name or Program Manager*: _____ Supervisor's Phone Number*: _____ Supervisor's Email 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 notification/referral of the above confidential information to your school district of residence and ADE by filling in your name below and signing and dating your decision to opt-out of the PEA Notification/Referral to your school district. If your child is eligible for AzEIP before they are 2 years, 6 months, and you would like to opt-out, you must sign this form 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, 6 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 school 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 opted out 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 this PEA Update Sent to School District*: _____ **Date this PEA Update Sent to ADE*:** _____

Child's Information

Child's New 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: _____

New School District of Residence*: _____

Referring Service Providing Agency, if different from previous notification

Service Coordinator's Name*: _____ Region*: _____ Service Providing Agency Name*: _____

Service Coordinator's Phone Number*: _____ Service Coordinator's Email Address*: _____

Supervisor's Name or Program Manager*: _____ Supervisor's Phone Number*: _____ Supervisor's Email Address*: _____

PEA NOTIFICATION/REFERRAL UPDATE 2 (if needed)

Reason for PEA Update*: _____

Date this PEA Update Sent to School District*: _____ **Date this PEA Update Sent to ADE*:** _____

Child's Information

Child's New 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: _____

New School District of Residence*: _____

Referring Service Providing Agency, if different from previous notification

Service Coordinator's Name*: _____ Region*: _____ Service Providing Agency Name*: _____

Service Coordinator's Phone Number*: _____ Service Coordinator's Email Address*: _____

Supervisor's Name or Program Manager*: _____ Supervisor's Phone Number*: _____ Supervisor's Email 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.*