Name of Early Intervention Program/EI District Office
Alabama's Early Intervention System

Child's Name _____

Date of Birth _____

Opting Out of Notification to the Local Education Agency (LEA):

Our program is required by federal law (the Individuals with Disabilities Education Act, "IDEA") to release limited contact information (your name, your child's name, address, telephone number, and date of birth) as a way to notify your local school system of your child's potential eligibility for special education services at age three.

Following discussion with your Service Coordinator, you as a parent may "opt-out" of this notification and not have the limited contact information sent. By signing this document, you indicate your preference that we do not send any information (your name, your child's name, address, telephone number, and date of birth) to your local school system. If this "Opting Out of Notification to the Local Education Agency" form is not received by our early intervention program within the next ten (10) days, your limited contact information will be sent to the appropriate local education agency.

_____ _____
Parent Signature Date

_____ _____
Service Coordinator Signature Date

Alabama's Early Intervention System
602 South Lawrence Street, Montgomery, AL 36104