

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

PUBLIC EDUCATION AGENCY (PEA) NOTIFICATION/REFERRAL

The Arizona Early Intervention Program (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 school, your AzEIP service coordinator will send this PEA Notification/Referral form, with your child's name, date of birth, and your name, address, and telephone number to the school and send a copy to the Arizona Department of Education. 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 district of residence, you have the right to opt out by signing the opt-out form below.**

		Date of PEA Notification/Referral
Child's Information		
CHILD'S FULL NAME <i>(Last, First, Middle)</i>	DATE OF BIRTH	DATE OF AzEIP ELIGIBILITY
CHILD'S ADDRESS <i>(No., Street, City, State, ZIP)</i>		
PRIMARY LANGUAGE OF FATHER	PRIMARY LANGUAGE OF MOTHER	PRIMARY LANGUAGE OF CHILD
PARENTS' NAMES		
ADDRESS <i>(No., Street, City, State, ZIP)</i>		
HOME PHONE NO.	CELL PHONE NO.	MESSAGE PHONE NO.
DISTRICT OF RESIDENCE <i>(Based on parent(s)' address)</i>		

Referring Early Intervention Program

AzEIP SERVICE COORDINATOR'S NAME	EARLY INTERVENTION PROGRAM NAME
PHONE NO.	MAIN OFFICE PHONE NO. <i>(If different)</i>

Opt-Out of Public Education Agency (PEA) Notification/Referral

You may opt out of the automatic referral of the above confidential information to your district of residence (and the sending of a copy of this form to the Arizona Department of Education) by filling in your name below and signing and dating your decision to opt out of the PEA Notification/Referral to your district of residence. If your child is eligible for AzEIP at 2 years, 9 months or younger, you must opt-out before your child is 2 years, 8 months. If your child is eligible for AzEIP after 2 years, 9 months, you must opt out before or during the initial IFSP meeting.

I, _____ choose to opt-out of the PEA Notification Referral for my child
Name (print)

to my district of residence. My signature below meets the requirement that my objection is in writing.

Parent/Surrogate's Signature

Date

Parent/Surrogate's Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.