

Montana's Part C - Opting Out of Notification to the Local Education Agency (Public School) Form

Name of the Part C Agency: _____

Child's Legal Name (first, middle initial, last): _____

Date of Birth (month/day/year): _____

Opting Out of Notification to the Local Education Agency

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

Following discussion with your Family Support Specialist (FSS) about transition options for when your child turns three years of age, as the parent, you may "opt out" of this notification and not have the limited contact information sent to the local public school system. By signing this document, you indicate your preference that we **not** send any information (your child's name and date of birth, your name and address) to your local public school system. If this "Opting Out of Notification to the Local Education Agency" form is not signed and received by our Part C agency within the next ten (10) days, your limited contact information will be sent to the appropriate local education agency.

Parent Signature: _____

Date: _____

FSS Signature: _____

Date: _____