

HAWAII'S PART C "OPT OUT" POLICY

(6/27/08)

Families in Hawaii are provided options related to Section 637(a)(9)(A)(I) of IDEA 2004, requiring that each Part C program notify the local educational agency (LEA) for the area in which the child lives that the child will shortly reach the age of eligibility and may be eligible for preschool services under Part B of IDEA, P.L. 108-446.

The following options are included in the Part C Transition Notice to DOE which meets the above federal requirement of notification to the LEA of the child's potential eligibility for preschool services under Part B of IDEA, P.L. 108-446 (see attached):

1. No information is sent to DOE;
2. Only federally required directory information that includes the child's name, birth date, and parent(s) contact information;
3. The above directory information, and, with parental consent, the child's diagnosis/areas of concern is sent to the DOE.

The Transition Notice is shared with the family and explained at the IFSP meeting that is closest to the child's 2nd birthday.

If the family chooses not to provide any information to the DOE the family must check the appropriate box and sign as indicated on the Transition Notice form. In addition, the family's service coordinator will provide the parent with the DOE "Operation Search" brochure (Part B's Child Find brochure) to ensure that the family is aware of DOE Part B services. This brochure provides information and contact numbers to the family should they have questions or concerns at a later time regarding their child's education. The parent initials receipt of the DOE brochure on the Transition Notice as indicated.

The family has ten (10) days to opt-out of sending the Transition Notice. After the 10-day period, which is referenced on the form, the required information will be sent to the DOE.

The following grid was developed to help support the understanding of this policy.

Option	Form Guidance	Follow-up
1. No information is sent to DOE.	Family must initial the appropriate box and sign as indicated on the Transition Notice form.	Provide parent with the DOE "Operation Search" brochure. Parent initials receipt of the DOE brochure on the Transition Notice.
2. Only federally <u>required directory information</u> that includes the child's name, birth date, and parent(s) contact information.	Family is not required to indicate anything on form.	Federally required directory information is sent to the DOE.
3. The above directory information (2), and, with parental consent, the child's diagnosis/areas of concern is sent to the DOE.	Family must initial the appropriate box and sign as indicated on the Transition Notice form as consent to share child's diagnosis and area(s) of concern with DOE.	Information under options 2 and 3 are forwarded to the DOE.



Department of Health

Early Intervention

PART C

TRANSITION NOTICE TO DOE

In order to support a smooth transition from Hawaii's Early Intervention Program to the Department of Education's (DOE) Preschool Special Education Program, and to be consistent with Part C of the Individuals with Disabilities Education Act (IDEA), P.L. 108-446 transition requirements, each child's early intervention program is required to notify the local educational agency for the area in which the child lives that the child will shortly reach the age of eligibility and may be eligible for preschool services under Part B of the Act.

The following required directory information will be provided to the DOE Representative in the district where the child currently lives at least 90 days prior to the child turning age 3 or possibly eligible to start DOE Preschool Special Education services, or at the scheduled Part C Transition Conference, unless the family chooses not to have any information sent to DOE. Optional information will be provided to the DOE only with family's consent.

REQUIRED DIRECTORY INFORMATION:

Child's Name: _____ Birth Date: _____
Parent's/Legal Guardian's Name: _____
Mailing Address: _____
City/State/Zip: _____

OPTIONAL INFORMATION:

Parent's/Legal Guardian's Phone Number: _____
Child's Diagnosis/Areas of Concern: _____

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_____ I consent that the Optional Information listed above can be provided to the DOE.
Initial _____

_____ I **do not** consent to any information being provided to the DOE.
Initial _____

_____ I received DOE's "Operation Search" brochure.
Initial _____

_____ Print Name _____ Relationship to Child
_____ Signature of Parent/Legal Guardian _____ Date

Parent/Legal Guardian was given this form on _____ and understands if not returned by _____ (10 calendar days), this form, with "Required Directory Information" will be automatically faxed to the DOE.

Home School: _____ District: _____
EI Care Coordinator: _____ Phone: _____