

First Connections  
Arkansas’ Early Intervention Program

Division of Developmental

Disabilities Services

P.O. Box 1437, Slot N-504 · Little Rock, AR 72203-1437

800-643-8258 · Fax: 501-682-8890 · TDD: 501-682-1332



*Click or tap to enter a date.*  
 **RE: Prior Written Notice of Virtual (Remote) Meeting**

Dear Parent(s),

First Connections early intervention program has scheduled a teleconference meeting with you for the purpose of collaborating with you to complete Choose an item. at *enter date* at *time* .

You may invite anyone you like to participate in this meeting. As the expert on your child and family, your participation in this meeting will help your Early Intervention (EI) team assist you in developing an individualized plan for your child around your priorities and goals for your child’s early learning and development. You can prepare for this meeting by thinking about things that you’d like for your child to be able to do, things your child and family enjoy doing, and things that may be difficult for your child to do at this time. Please also bring your questions for your EI team to answer!

I look forward to talking with you again soon,

*Name of SC who will conduct meeting*, Service Coordinator

First Connections, early intervention under IDEA, Part C  
Provider Program Name

*phone number*

*email address*

*---------------documentation of parent choice to meet before receiving prior written notice of meeting--------------*

Under the Individuals with Disabilities Education Act (IDEA), families have a right to prior written notice received at least seven days before any meeting. Families also have the right to meet at times and places convenient to the family. During the current public health emergency while face to face meetings have been replaced with phone/virtual meetings, parents may elect to virtually meet with their regional service coordinator and/or other members of their IFSP team before receiving written notice of the meeting in advance.

Your e-signature on this notice documents your agreement to meet at a time and place convenient for you before receiving written notice of the meeting 7 days in advance.

\_\_\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_ \_Click or tap to enter a date.\_

* Parent e-signature date of signature*