

**Parent Request to Discontinue Service**



Name:

Date of Birth:

Date:

Dear \_\_\_\_\_,

First Steps is Missouri's Early Intervention system for infants and toddlers, birth to age three, who have delayed development or diagnosed conditions that are associated with developmental disabilities. Participation in First Steps is voluntary and is intended to help families of children with disabilities.

This letter is to remind you that you have chosen to end \_\_\_\_\_ at this time.  
*(Service)*

Enclosed are a Notice of Action and Parental Rights Statement. If you would like to pursue this service again in the future, please contact me to schedule an IFSP meeting.

It is a pleasure working with your family. If you need any additional information, please contact me at  
( ) - or \_\_\_\_\_.  
*(Phone Number)* *(Email)*

Sincerely,

Service Coordinator

Enclosure: Notice of Action  
Parental Rights Statement