

Appendix B

Request for Data Clarification or Correction

Appendix H
Request for Data Clarification, Confirmation, or Correction

The purpose of this form is to request clarification, confirmation, and/or correction of Part C data submitted to the Wyoming DDD Early Intervention Office.

Data for which Clarification, Confirmation or Correction is Requested (specify):

Relevant Data Reports/Summaries are Attached (check if applicable)

Required Actions (check all that apply):

Clarify Confirm Correct

Submit Data to Substantiate any Correction of Data (check if applicable)

Specify Data Required to be Submitted: _____

15 Day Deadline for Response (Specify date)_____

Submit response and required data to Christine DeMers at Christine.demers@health.wyo.gov