

Child's Name: _____

DOB: _____

Today's Date: _____

CONSENT FOR CHANGE IN SERVICE DELIVERY PLAN

A review of the Individualized Family Service Plan (IFSP) for a child and the child's family must be conducted every six (6) months or more frequently if conditions warrant or if the family requests a meeting to review the IFSP. The purpose of the periodic review is to determine the degree to which progress toward achieving the results or outcomes identified in the IFSP is being made and/or if modifications or revisions of the results, outcomes or Early Intervention services identified in the IFSP are necessary. The review may be carried out by a meeting or by another means that is acceptable to parents and other participants.

CHANGES TO SERVICE DELIVERY

FAMILY RIGHTS NOTICE

_____ I/We have been informed of and received a copy of our Family Rights during the IFSP development process and understand that any accepted services will be provided.
(Parent Initials)

CONSENT FOR SERVICES

Parents have the right to provide, withhold or revoke consent for any and all services. Parents must give written consent for any change in EI services. Consent means that you have been made aware of changes and that you agree to them. Any service for which a parent provides consent must be provided within 30 days.

I/We have participated in the development of our IFSP and:
 I/We agree to the services described in this plan.

OR

I/We decline IFSP services at this time.

OR

I/We agree to the services in this plan with the following **exceptions**:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CONSENT TO ACCESS INSURANCE

I/We consent for the EI Program to access our public and/or private insurance for payment of Early Intervention services described in this plan.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PROGRAM NAME and INFORMATION