

# Declining Participation in the ESIT Program

**PURPOSE:** To document the parent(s) decision to decline participation in the ESIT program.

<b>CHILD'S NAME</b>	<b>DOB</b>	<b>FAMILY RESOURCES COORDINATOR</b>
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## ACKNOWLEDGEMENT OF DECLINING PARTICIPATION IN THE ESIT PROGRAM

- I understand that my child may receive an evaluation to determine eligibility for the ESIT program.
- and/or—
- I understand that an Individualized Family Service Plan (IFSP) can be developed for my child/family if my child is eligible for Part C.
- and/or—
- My child is eligible for the ESIT program and has a right to obtain the early intervention services outlined in an Individualized Family Service Plan (IFSP). I am fully aware of the nature of services being offered and that my child and family will not be able to receive services from the ESIT program unless I give my consent.

## DOCUMENTATION OF PARENT DECISION

I do **not** choose to have my child or family receive an evaluation/IFSP/services through the ESIT program at this time. I understand that I may change my mind and, if so, will contact my Family Resources Coordinator.

\_\_\_\_\_  
*Print Parent's Name*

\_\_\_\_\_  
*Signature of Parent(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print FRC's Name*

\_\_\_\_\_  
*Signature of Family Resources Coordinator*

\_\_\_\_\_  
*Date*

I give permission for the ESIT program to contact me in \_\_\_\_\_ months to check on my child's progress.

\_\_\_\_\_  
*Initials of Parent(s)*