

## IFSP Review Agreement

### Written Prior Notice and Parental Consent for Provision of Early Intervention Services

**Written Prior Notice:**

Written prior notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention service to the child and the child's family.

**Action Proposed:**

To initiate the services listed on the IFSP for which consent is provided, according to the Summary of Services.

**Reasons for Taking the Action:**

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

**Action Refused (if any):****Reasons for Refusal (if action refused):****Consent:**

I participated in the development of this IFSP and I give informed consent for the Washington *Early Support for Infants and Toddlers* program and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may accept or decline any early intervention service (except the administration function required under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Washington *Early Support for Infants and Toddlers* program. (NOTE: Complete the *Declining One or More Early Intervention Services* or *Declining Participation in the ESIT Program* form if appropriate.)

I understand that my IFSP will be shared among the early intervention providers implementing this IFSP.

I have received a copy of Washington *Early Support for Infants and Toddlers* program, *Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights]* along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them.

Signature(s) of (check one):  Parent(s)  Legal Guardian  Surrogate Parent

Date

**IFSP Participants that attended the IFSP Meeting:**

*Printed name and Credentials*

*Role/organization*

*Signature*

*Date*


**The following individuals did not attend the meeting but participated in the meeting through conference call or in writing (specify which):**

*Printed name and Credentials*

*Role/organization*

*Conference Call/In Writing*
