



# Rockland County Early Intervention Program Individualized Family Service Plan (IFSP) Consent for Services

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

IFSP Start/End Date: \_\_\_\_\_ IFSP Type: \_\_\_\_\_ Amendment:   
(Check Box)

### IFSP Attestations and Consents:

- I have received a copy of A Parent's Guide when my child was referred to Early Intervention (EI). I understand my rights and I have received a verbal description of my rights as a parent in the Early Intervention Program and a copy of the make-up policy at this IFSP meeting. I understand that:
  - I, or an authorized representative, can ask to read my child's file or request a change to the file.
  - I may refuse one or more services and continue to receive other EI services for my child or family.
  - I can contact my Service Coordinator or EIOD any time I have questions or concerns about this IFSP.
  - My child's services will be based on his or her continuing needs and eligibility. I will be notified if the EIOD makes any changes to the IFSP. I have the right to mediation or impartial hearing if I disagree with any part of my child's IFSP.
- My family and I can use the services of the Early Intervention Program (EIP) to help my child achieve our IFSP outcomes.
- I understand I can arrange for additional services outside of this plan, but the EI program will not pay for these services.
- I understand that I have the right to select an on-going service coordinator at the IFSP meeting or at any other time after the IFSP. I have chosen \_\_\_\_\_ as my On-Going Service Coordinator.  
Name Agency

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have participated in the development of this IFSP and agree to all parts of the plan. I give permission to the Rockland County Early Intervention Program to implement this plan with my family. **If consent to amend IFSP please indicate change:**

I do not agree with some aspects of this plan. I understand that I have due process rights that are described in the Parent's Guide and that have been explained to me at this meeting. I understand that disagreeing will not affect the other EI services. I do not agree with:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Consent to Release Information to Early Intervention Providers of Service

- I understand that providers (including evaluators, service providers and service coordination) offering services to my child may need to exchange information to facilitate the development and implementation of my child's IFSP.
- I grant my consent for release of the EI Medical Form, Evaluations, IFSP's and Progress Notes to those providers as specified in the IFSP.
- I further understand that this release can be withdrawn at any time upon written notice to my On-Going Service Coordinator. This release ends on the date of my next scheduled IFSP (of if sooner specify date \_\_\_\_/\_\_\_\_/\_\_\_\_).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: If parent would like to send the IFSP to others working with their child, such as a Primary Care Provider or Child Care Provider complete the Parental Consent to Obtain/Release Information form. If a parent wants to sign a selective consent limiting the information EI service providers may share with each other, do not complete the above box; complete the Parental Consent to Obtain/Release Information form.**

### EVALUATION REPRESENTATIVE

I certify that I am a qualified professional as defined in the New York State Early Intervention Regulations, and that I am representing the Multidisciplinary Evaluation Team for the above named child. I further certify that I have personally evaluated this child and/or have read the complete multidisciplinary evaluation, am knowledgeable about the clinical needs of this child and family, and am able to answer any questions regarding the child's evaluations and assist in developing functional outcomes and short term objectives during the IFSP meeting.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Early Intervention Official Designee (EIOD):

I certify that the services that I have authorized in this IFSP are based upon the review of the documentation provided by the evaluators/therapists and the discussion that took place at this IFSP meeting as documented in the IFSP.

Signature \_\_\_\_\_ Date \_\_\_\_\_