Parents Rights Agreement

Event/Reason for Agreement: _____________________________________________

Name of Child _____________________________________________ Date: __________

Yes ☐ ☐ N/A ☐ ☐

☐ ☐ I/we have been informed that information gathered is confidential (Family Educational Rights and Privacy Act).

☐ ☐ I/we received information explaining Early Intervention, our rights, and Procedural Safeguards.

☐ ☐ I/we understand that parents have the right to accept or decline any or all of the proposed services and activities.

☐ ☐ I/we have been informed of the screening process and the right to request a Multidisciplinary Evaluation (MDE) anytime during the screening process.

☐ ☐ I/we give permission for a screening for my child (if a current screening is not available) to determine the need and focus of an MDE.

☐ ☐ I/we give permission for a MDE for my child (if a current evaluation is not available) to determine eligibility for Early Intervention.

☐ ☐ I/we have been informed that an Individualized Family Service Plan (IFSP) meeting shall be held within 45 days from the date of referral to the Infant/Toddler Early Intervention Program, if my child is found eligible during the MDE.

☐ ☐ I/we participated in the MDE and IFSP meetings to discuss, plan, and implement Early Intervention services or tracking services

I/we request:

☐ ☐ All activities and services listed on the IFSP.

☐ ☐ Another meeting to continue to discuss the issues presented today.

☐ ☐ All tracking activities.

☐ ☐ All recommended activities and services to be delayed.

☐ ☐ Only the following IFSP listed activities or services to start:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The screening results indicate:

☐ ☐ Your child is meeting age appropriate developmental milestone for the following reason:

________________________________________________________________________
________________________________________________________________________

☐ ☐ Your child is not meeting age appropriate developmental milestones for the following reasons:

________________________________________________________________________
I/we authorize the following team members/agencies to be provided copies of the ER/IFSP

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<th>Name/Agency</th>
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I/we are dissatisfied with the proposed services and activities and request:

☐ ☐ A discussion with the county administrator responsible for the Early Intervention program.

☐ ☐ A mediation session conducted by the Office for Dispute Resolution.

☐ ☐ A due process hearing conducted by the Office for Dispute Resolution.

Parent Signature(s):

________________________________________

________________________________________

Revised 3/2012