

Parent Rights Agreement - Annotated

Event/Reason for Agreement:

(Indicate the reason for the contact with the family. This could be the initial contact and/or screening, initial or annual MDE, initial or annual IFSP, IFSP review meeting, transition meeting or any meeting or discussion with the family that results in a change or review of EI services or the IFSP.)

Name of Child:

Date of Birth:

Yes	No	Question
		I/we have been informed that information gathered is confidential (Family Educational Rights and Privacy Act). <i>(This should be marked YES for every contact with the family when any of the above indicated reasons for contact occurs.)</i>
		I/we received information explaining Early Intervention, our rights, and Procedural Safeguards. <i>(This should be marked YES for every contact with the family when any of the above indicated reasons for contact occurs.)</i>
		I/we understand that parents have the right to accept or decline any or all of the proposed services and activities. <i>(This should be marked YES for every contact with the family when any of the above indicated reasons for contact occurs.)</i>
		I/we have been informed of the screening process and the right to request a Multidisciplinary Evaluation (MDE) anytime during the screening process. <i>(This should be marked YES at initial contact with the family. Otherwise it should be marked N/A)</i>
		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>(This should be marked YES at initial contact with the family. Otherwise it should be marked N/A.)</i>
		I/we give permission for a MDE for my child (if a current evaluation is not available) to determine eligibility for Early Intervention. <i>(This should be marked YES at initial contact and/or the MDE meeting. Otherwise it should be marked N/A.)</i>
		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>(This should be marked YES at initial contact and/or the MDE meeting. Otherwise it should be marked N/A.)</i>
		I/we participated in the MDE and IFSP meetings to discuss, plan, and implement Early Intervention services or tracking services. <i>(This should be marked YES at the MDE and IFSP meetings. Otherwise it should be marked N/A.)</i>
		I/we agree our child no longer needs Early Intervention services because s/he has met exit criteria and all current Early Intervention services will be discontinued. <i>(This should be marked YES if the child has met exit criteria and is no longer eligible for Early Intervention services. Otherwise it should be marked N/A.)</i>

I/We Request

Yes	No	Question
		All activities and services listed on the IFSP. <i>(This should be marked YES if an IFSP outcome was developed or reviewed. Otherwise it should be marked N/A.)</i>
		Another meeting to continue to discuss the issues presented today. <i>(This should be marked YES if the family is requesting another meeting. Otherwise it should be marked N/A.)</i>
		All tracking activities. <i>(This should be marked YES only when a family chooses tracking or for a review of their tracking plan. Otherwise it should be N/A.)</i>
		All recommended activities and services to be delayed. <i>(This should be marked YES only when the family is requesting to delay all of their Early Intervention services. Otherwise it should be marked N/A.)</i>
		Only the following IFSP listed activities or services to start: <i>(This should be marked YES only if the family is choosing to delay one or more services. Indicate here the services that they want to begin. Otherwise it should be marked N/A):</i>

The Screening results indicate

(This area should be used to capture the results of the ASQ screening completed during initial contact with the family if they chose to have one)

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

(This area should list the areas of development that the child meets age expectations)

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

(This area should list the areas of development that the child did not meet age expectations)

I/we authorize the following team members/agencies to be provided copies of the Evaluation Report(ER)/IFSP:

(List below any individual or entity that the family wishes to share their child's information from the ER and IFSP reports.)

Name/Agency	Address	Its entirety or certain sections?

I/we are dissatisfied with the proposed services and activities and request:

(These boxes should only be checked if the family is not satisfied and requesting one of the following meetings. Otherwise it should be left blank with no check marks.)

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.
Filing a complaint with the Bureau of Early Intervention Services and Family Supports.

Parent Signatures(s):

Date: