



**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
MEETING CONSENT FOR SERVICES FORM**

Child's Name: (Last) _____ (First) _____
EI #: _____ DOB: _____ IFSP Date: _____

IFSP Attestations and Consents:

- I received a copy of A Parent's Guide when my child was referred to Early Intervention (EI). I have received a verbal and written description of My Family Rights 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 change to the IFSP.
 - I have the right to mediation or impartial hearing if I disagree with any part of my child's IFSP.
- I have selected an Ongoing Service Coordinator to continue working with my child and family. I was informed that a list of agencies is available on the NYC Website.
- My family and I can use the services in this IFSP to help my child achieve our IFSP outcomes. I have been informed that EI services are most effective when a caregiver participates during sessions.
- I have been informed of the service options in the program. I understand that if in-person services are not available that telehealth can be delivered while in-person services are located. I have been informed that EI will not reimburse me for any costs for services that I obtain to supplement my child's IFSP.
- I have been given a copy of the *EIP Policy on Make-up Sessions* and I understand that make-up sessions can be provided and when make-up sessions can be provided.

Parent's Signature _____ **Parent's Signature** _____ **Date** ____ / ____ / ____

Consent to Release Information to Early Intervention Providers of Service

- I understand that providers (evaluators, service providers, and service coordinators) offering EI services to my child may need to exchange information to develop and carry out my child's IFSP
- I authorize the release of the following information: EI Medical Form Multidisciplinary Evaluation Supplemental Evaluation(s): Specify: _____
 IFSP Provider Progress Note Other: _____ to all EI providers providing evaluation, service coordination, or services to my child and family
- I understand that this "Release" can be withdrawn at any time upon written notice to my Service Coordinator. This "Release" ends on the date of my next scheduled IFSP (or, if sooner, specify date ____ / ____ / ____).

Parent's Signature _____ **Parent's Signature** _____ **Date** ____ / ____ / ____

If Parent/ Surrogate chooses to send the IFSP to others working with their child (i.e. Primary Care Provider, or Childcare Provider), complete the "Consent to Obtain/Release form"

- I (We) have participated in the development of this IFSP and agree to all parts of this plan. I (we) give permission for the NYC EI Program to implement this plan.
- I (We) do not agree with parts of this plan. I (We) understand that I (we) have due process rights that are described in the Parent's Guide and that have been explained to me (us) at this meeting. I (We) understand that disagreeing will not affect the other EI services. I (we) do not agree with:

Parent's Signature _____ **Parent's Signature** _____ **Date** ____ / ____ / ____

EVALUATION REPRESENTATIVE:

I certify that I am a qualified professional defined under New York State Early Intervention Regulations. I am representing the Multidisciplinary Evaluation Team for the above-named child. I have evaluated this child and/or have read the complete multidisciplinary evaluation. I am knowledgeable about the clinical needs of this child and family, and I can answer any questions about the child's evaluations and assist in developing outcomes and developmental steps during this 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 and the discussion that took place at this IFSP meeting as documented in the IFSP.

EIOD STAMP:

INSTRUCTIONS FOR COMPLETION

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) MEETING CONSENT FOR SERVICES FORM

A. IFSP Attestations and Consents:

1. **First Parent Signature, Agreement with Plan** – Signature of the parent(s)/guardian(s) indicating that s/he has read the bulleted points and understands his/her rights and responsibilities. *The EIOD must ensure that the parent understands his/her rights in the Early Intervention Program (EIP) and has received copies of **My Family's Rights** and the **EIP Policy on Make-up Sessions**.*
2. **Second Parent Signature, Agreement with Plan** – Signature of the parent(s)/guardian(s) indicating agreement/disagreement with the plan outlined on the previous pages. Check the appropriate box and record any disagreement the parent(s)/guardian(s) has with the recommended services on this page. The parent(s)/guardian(s) **must sign and date** this form.

If the parent(s)/guardian(s) and the EIOD do not agree on any part of the IFSP, the sections of the proposed IFSP that are not in dispute should be implemented. The parent(s)/guardian(s) may exercise their due process rights to resolve the disputed areas. The EIOD and SC must ensure that the parent(s)/guardian(s) understand their due process rights to request mediation or an impartial hearing. The parent(s)/guardian(s) should be referred to the EIP's "A Parent's Guide" for information on mediation/due process forms and procedures.

- B. Consent to Release Information to Early Intervention Providers of Service** - This section replaces the "Consent to Release/Obtain Information" form for EI providers after the initial IFSP meeting. The parent/guardian signature here authorizes exchange of information regarding the child's EI records and service plan between all EI providers, service coordinators, evaluators, and municipal staff. The parent(s)/guardian(s) may opt to indicate a limited release.
- C. Attestations and Consents** - The evaluation representative and the EIOD must sign and date the IFSP attestation at the initial IFSP meeting. The EIOD will use the official NYCEIP stamp and sign and date this page for each IFSP, indicating authorization of the plan.