

Parent Rights Agreement

Event/Reason for Agreement:

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/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 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/We Request

Yes	No	Question
		All activities and services listed on the IFSP.
		Another meeting to continue to discuss the issues presented today.
		All tracking activities.

Yes	No	Question
		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 Evaluation Report(ER)/IFSP:

Name/Agency	Address	Its entirety or certain sections?

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

Parent Signatures(s):

Date: