Declining One or More Early Intervention Services

PURPOSE: To document the parent(s) decision to decline one or more of the early intervention services recommended by the IFSP team.

ACKNOWLEDGEMENT OF DECLINING ONE OR MORE EARLY INTERVENTION SERVICES RECOMMENDED BY THE IFSP TEAM

I understand that my child is eligible to receive all of the services listed on the Individualized Family Service Plan (IFSP) which was developed on ____________________ (date). I do not, however, wish for my child or family to receive the following service(s):

__________________________________________________________________________  __________________________________________________________________________
__________________________________________________________________________  __________________________________________________________________________

I am fully aware of the nature of the service(s) being offered for my child and family and that I must give written consent in order to receive this service(s). I do not choose to receive the above listed service(s) from the ESIT Program at this time. I understand that I may change my mind and, if so, will contact my Family Resources Coordinator. I also understand that declining this service(s) does not jeopardize any other early intervention service(s) my child or family receives through the ESIT program.

Print Parent’s Name
__________________________________________________________________________
Signature of Parent(s) _____________________________________________________ Date

Print FRC’s Name
__________________________________________________________________________
Signature of Family Resources Coordinator ____________________________________ Date

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DCYF 15-051 (01/2019) INT/EXT