



Declining Participation in the ESIT Program

PURPOSE: To document the parent(s) decision to decline participation in the ESIT program.

CHILD'S NAME	DOB	FAMILY RESOURCES COORDINATOR
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ACKNOWLEDGEMENT OF DECLINING PARTICIPATION IN THE ESIT PROGRAM

I understand that my child may receive an evaluation to determine eligibility for the ESIT program.

—and/or—

I understand that an Individualized Family Service Plan (IFSP) can be developed for my child/family if my child is eligible for Part C.

—and/or—

My child is eligible for the ESIT program and has a right to obtain the early intervention services outlined in an Individualized Family Service Plan (IFSP). I am fully aware of the nature of services being offered and that my child and family will not be able to receive services from the ESIT program unless I give my consent.

DOCUMENTATION OF PARENT DECISION

I do **not** choose to have my child or family receive an evaluation/IFSP/services through the ESIT program at this time. I understand that I may change my mind and, if so, will contact my Family Resources Coordinator.

Print Parent's Name

Signature of Parent(s)

Date

Print FRC's Name

Signature of Family Resources Coordinator

Date

I give permission for the ESIT program to contact me in _____ months to check on my child's progress.

Initials of Parent(s)