# CONTENTS

# Purpose…………………………………………………………………………………………………………………………………………………………….1

# Definitions………………………………………………………………………………………………………………....…………..……………………....1

# Guidance………………………………………………………………………………………………………………………….................……………….2

When to Use an Interim IFSP………………………..………………………………………………………………………………………………2

Eligibility……………….………………………………………………………………………………………………………………………………………2

Documentation…………………………………………………………………………………………………………………………………………….2

Functional Child Assessment…..……………………………………………………………………………………………………………………2

Timelines………………………………………………………………………………………………………………………………………………………3

Service Scenarios………………………………………………………………………….………………………………………………………………3

Resources and Citations……….……………………………………………………………………………………………………………………………4

Interim Individualized Family Service Plan (IFSP) ………………………………………………………………………………………………5

# Purpose

The purpose of this document is to give guidance to Early Support for Infants and Toddlers (ESIT) providers in using an Interim Individualized Family Service Plan (IFSP) to serve children immediately following referral.

# Definitions

**Data Management System (DMS):** The database into which ESIT contractors enter required state and federal data.

**Exceptional Family Circumstances (EFC):** Events that prevent the family from participating in timely Early Intervention (EI) services. See the Late Services – Provision and Documentation Practice Guide for more details.

**Neonatal Intensive Care Unit (NICU):** Hospital department providing intensive inpatient treatment for ill and premature newborns.

**Qualifying Diagnoses List:** The list of medical and developmental diagnoses by which a child may automatically qualify as eligible for EI in Washington State.See the Qualifying Diagnoses List guidance posted on the ESIT website.

# Guidance

## When to Use an Interim IFSP

In rare instances, a child referred to EI may need services to begin immediately, before a standardized evaluation, functional child assessment and Initial IFSP can be completed. When all the required conditions are met, an Interim IFSP may serve as an emergency measure to provide urgent services such as support for feeding, mental health or other complex medical needs.

An Interim IFSP is appropriate when **all** of the following conditions are present:

* The child’s eligibility for EI is already established.
* The family has stated that they want, and are ready, to participate in EI services.
* The child or family need service coordination or Part C services immediately in order to prevent the child’s condition from quickly and significantly deteriorating.
* The urgent need for services means there is not time to complete the functional child assessment and Initial IFSP processes before starting services.

For example, a provider might issue an Interim IFSP in order to begin coordinating services with a contracted feeding specialist or an infant mental health therapist before a child comes home from the NICU. See the Service Scenarios grid for more examples in which an Interim IFSP is appropriate.

## Eligibility

The child must be clearly eligible for services to use an Interim IFSP.

* In situations appropriate for an Interim IFSP, there typically isn’t time to complete a standardized evaluation or it may not be possible if the child has not yet been discharged from the hospital. Therefore, it is likely that a qualifying diagnosis will be used to establish EI eligibility.
* In order to establish eligibility due to a medical diagnosis that is *not* included in the ESIT Qualifying Diagnoses List, a qualified professional, most likely the child’s physician, must provide documentation that the diagnosis has a high probability of resulting in a developmental delay.

## Documentation

An Interim IFSP cannot be completed in the DMS. It must be completed on paper and uploaded to the child’s record in the DMS. Use the Interim IFSP template provided at the end of this Practice Guide.

**Service Coordination:** Service coordination may be provided as the only service on the Interim IFSP. Once the child and the family are ready for additional Part C services, the team will develop an Initial IFSP and begin additional services.

**Natural Environments:** If the child is currently residing in the hospital, including the NICU, then that is considered a natural environment.

## Functional Child Assessment

Providers will still need to use a tool to complete the functional child assessment in all five developmental domains and then issue an Initial IFSP from the DMS within 45 days of referral. See the Evaluation, Assessment and Eligibility Practice Guide for more information on how to conduct functional child assessment.

## Timelines

Developing an Interim IFSP does not eliminate the 45-day timeline requirement for issuing an Initial IFSP. If the assessment and IFSP are delayed for reasons related to family circumstances, such as the child being hospitalized, the delay can be documented as an “Exceptional Family Circumstance” in the DMS. See the Late Services- Provision and Documentation Practice Guide for more detail on entering late reasons in the DMS.

## Service Scenarios

|  |  |
| --- | --- |
| Interim IFSP is Appropriate | Interim IFSP is Not Appropriate |
| Seo-yeon will likely be discharged from the NICU within the week. Genetic testing confirmed she has Wardenberg Syndrome and she did not pass a newborn hearing screening. Her family is anxious about interacting and bonding with an infant with a potential hearing loss and has requested immediate EI services. *(Because her qualifying diagnosis is established and her family’s anxiety could affect early bonding if not addressed soon, an Interim IFSP is appropriate.)* | Johann stayed two days in the hospital newborn nursery for observation and will come home within the next couple of days. He did not pass a newborn hearing screening and results of genetic testing to rule out Wardenberg Syndrome are expected back in 2 weeks. Johann’s family is anxious about interacting and bonding with an infant with a potential hearing loss and requested immediate EI services. (*Because it is not yet certain that Johann has a qualifying diagnosis, following the typical route for initial IFSP is appropriate.)* |
| Elijah is 2½ years old and was recently removed from his family home due to abuse and neglect. His social worker reported behavioral concerns and after removal Elijah was diagnosed with a severe language delay. A potential foster family was identified but the foster parents say they will only accept Elijah’s placement if they can receive immediate support for caring for a child with a severe language delay and significant mental health/behavioral challenges. *(Because Elijah has at least one qualifying diagnosis and receiving immediate EI services would facilitate a home placement for him – without which his mental health issues may significantly and quickly worsen – an Interim IFSP is appropriate.)* | Che was recently diagnosed by a private speech language pathologist with a mild Expressive Language Disorder. Her father would like to begin speech therapy immediately because Che will turn 3 years old in four months. *(Because Che’s condition is not expected to worsen significantly in the time it will take to complete functional child assessment and Initial IFSP, an Interim IFSP is not indicated.)* |
| Sadia was discharged from the hospital after an eight-week stay. She was premature with many medical complications including a qualifying diagnosis. Weight gain is a challenge for her and will need to be closely monitored now that she is home. Her family is eager to get EI in place to assist with Sadia’s feeding skills and encourage her overall development. *(Because Sadia’s eligibility is certain, her condition could worsen quickly without immediate feeding support and it can’t wait for the functional assessment/Initial IFSP processes, an Interim IFSP is appropriate.)* | Isabella was discharged from the hospital after an eight-week stay and her condition is now stable. Her pediatrician diagnosed Isabella with global delays and referred to EI services. Her family is eager to get EI in place to assist with overall development. *(Because Isabella’s condition is stable and not likely to worsen significantly in the time it will take to complete a functional assessment and Initial IFSP, following the typical route for an initial IFSP is appropriate*) |
| Maurice is currently in the NICU and has a qualifying diagnosis. He will not be discharged for another month but the family is experiencing severe stress and needs immediate service coordination to arrange mental health and social supports due to the traumatic nature of the birth and NICU stay*. (Because Maurice’s eligibility is certain, the family is requesting immediate service coordination and it’s not possible to conduct a full functional child assessment in a NICU, an Interim IFSP is appropriate. The assessment and Initial IFSP still have a 45-day timeline but the late reason can be entered as Exceptional Family Circumstance in the DMS.)* | Leo is currently in the NICU and has a qualifying diagnosis. He will not be discharged for another month. His family stated they are not ready to receive any EI services. (*Because Leo’s family is not ready for EI services, this referral should be closed with a plan to follow up when the family is ready to participate.*) |

# Resources and Citations

|  |  |
| --- | --- |
| Interim IFSPs | CFR 303.345 Provision of services before evaluations and assessments are completed.  Early intervention services for an eligible child and the child’s family may commence before the completion of the evaluation and assessments in 303.321, if the following conditions are met:   1. Parental consent is obtained. 2. An interim IFSP is developed that includes- 3. The name of the service coordinator who will be responsible, consistent with 303.344(g), for implementing the interim IFSP and coordinating with other agencies and persons; and 4. The early intervention services that have been determined to be needed immediately by the child and the child’s family. 5. Evaluations and assessments are completed within the 45-day timeline in 303.310. |
| Late Services – Provision and Documentation Practice Guide | See Practice Guide and Video Overview on the ESIT Website |
| ESIT Qualifying Diagnosis List | See Guidance Document, video tutorial, and searchable Qualifying Diagnosis List on ESIT website |
| Evaluation, Assessment and Eligibility Practice Guide | See Practice Guide on the ESIT Website |

Interim Individualized Family Service Plan (IFSP)This template is exclusively for the purpose of collecting information for the ESIT Data Management System

Under Part C of IDEA, the IFSP is required to enhance the capacity of families to   
meet the needs of children birth to age three who have developmental delays or disabilities.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child and Family Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name: | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | Gender:  Female  Male | | | | |
| Address: | | | | | | | | | | | | | | | City: | | | | | | | | | | State: | | | | Zip: |
| Parent’s/Guardian’s | | | | | | Name:        Name: | | | | | | | | | | | | | | | | | | | Surrogate Parent:  yes  no | | | | |
| Phone Number(s): | | | | | | Cell:        Home:        Work: | | | | | | | | | Cell:          Home:        Work: | | | | | | | | | | Email Address(es): | | | | |
| Ethnicity: | | | | | | | | | | | | | | | Family’s Primary Language: | | | | | | | | | | Is an Interpreter Needed?   Yes  No | | | | |
| Resident School District: | | | | | | | | | | | | | | | Service Area: | | | | | | | | | | | | | | |
| Alternate Contact: | | | | | | | | | | | | | | | Relationship to Child: | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | City: | | | | | | | State: | | | Zip: | | | | |
| Phone Numbers: | | | | | | Cell: | | | | | | | | | Home: | | | | | | | | | | Work: | | | | |
| Who lives in the home? | | | | | | Name: | | | | | | | | | Relationship to child: | | | | | | | | | | Additional people in the home: | | | | |
| Name: | | | | | | | | | Relationship to child: | | | | | | | | | |
| Name: | | | | | | | | | Relationship to child: | | | | | | | | | |
| Name: | | | | | | | | | Relationship to child: | | | | | | | | | |
| Describe previous developmental evaluations, assessments, early intervention, and/or therapy services received *(if any):* | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Resources Coordinator’s Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRC Name: | | | | | | | | | | | | | | | | | | | | Agency: | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | City: | | | | | State: | | | | | | | | Zip: | |
| Phone Numbers: Work: | | | | | | | | | | Mobile: | | | | | | | | | | Email: | | | | | | | | | |
| **Referral and Medical/Health Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Information: | | | | | | | | | | | | | | | | | | | | Referral Date: | | | | | | | | | |
| Reason for referral: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Source: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | City: | | | | | State: | | | | | | | | Zip: | |
| Phone: | | | | | | | | | | | | Fax: | | | | | | | | Email: | | | | | | | | | |
| **Primary Care Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Care Provider:  Name: | | | | | | | | Email: | | | | | | | | | | Phone Number(s):  Work: | | | | | | | | Fax: | | | |
| Address: | | | | | | | | | | | | City: | | | | | | | | State: | | | | | | Zip: | | | |
| **Child Health Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summary of child’s health status based on review of pertinent records:** *(This includes child’s birth history, medical conditions or diagnosis (i.e. allergies), illnesses, hospitalizations, medications, vision and hearing screening)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What else should the team know about your child’s health so we can plan and provide the best services for your child and family? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Initial Eligibility for Part C Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The evaluation and assessment of each child and the determination of the child’s initial eligibility for Part C early intervention services must include the use of informed clinical opinion. Eligibility determination is a team decision. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your child is eligible for Part C Services because he/she has *(check one or more below):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A 1.5 standard deviation or 25% delay in development in one or more areas *(check all that apply):*  Cognitive  Physical: fine motor  Physical: gross motor  Adaptive  Social/Emotional  Expressive Communication  Receptive Communication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A diagnosed condition that is likely to result in a delay in development:   Name of diagnosis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Informed Clinical Opinion *(check if this is the only method used for determining eligibility):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Functional IFSP Outcomes for Child and Family** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome #1:** | | | | | | | | | | | | | | | **Start Date:** | | | | | | | **Target Date:** | | | | | | | |
| **What would your family like to see happen for your child/family?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What’s happening now related to this outcome? What is your family currently doing that supports achieving this outcome?** *(Describe your child and/or family’s functioning related to the desired change/outcome)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What are the ways in which your family and team will work toward achieving the outcome? Who will help and what will they do?** *(Describe the methods and strategies that will be used to support your child and family to achieve your outcomes within your daily activities and routines. List who will do what, including both early intervention services and informal supports, including family members, friends, neighbors, church, other community organizations, special health care programs, and/or parent education programs.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How will we know we’ve made progress or if revisions are needed to outcomes or services?** *(What criteria [i.e., observable action or behavior that show progress is being made], procedures [i.e., observation, report, chart], and realistic timelines will be used?)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Review Date:**  Progress code *(check one):*  Achieved  Continue  Discontinue  Revise  Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome #2** | | | | | | | | | | | | | | | | **Start Date:** | | | | | | | **Target Date:** | | | | | | |
| **What is the desired outcome?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who will do what?** *(strategies/activities)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Review Date:**  Progress code *(check one):*  Achieved  Continue  Discontinue  Revise  Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **II. Summary of Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Services and supports are determined following the development of functional IFSP outcomes. They are designed to enhance  the capacity of the family in supporting their child’s development and to promote the child’s learning and  development through functional participation in family and community activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Documentation of discussions to reach consensus about services:** *(Include discussions about any services refused or declined, as well as any negotiations about frequency, intensity or method of service delivery.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Early Intervention Services** | | **Outcome #**  (list all that apply) | **Frequency and Length of Services** | **Intensity** | | | | | **Methods** | | | | **Setting** | **Natural Environment** | | | **Payment Arrangements**  *(if any)* | | | | **Duration** | | | | | | **Agency(ies) Responsible** | | |
| **Individual** | | | **Group** | | **Start date** | | | **End Date** | | |
| 1. | |  |  |  | | |  | |  | | | |  | Yes  No | | |  | | | |  | | |  | | |  | | |
| 2. | |  |  |  | | |  | |  | | | |  | Yes  No | | |  | | | |  | | |  | | |  | | |
| 3. | |  |  |  | | |  | |  | | | |  | Yes  No | | |  | | | |  | | |  | | |  | | |
| 4. | |  |  |  | | |  | |  | | | |  | Yes  No | | |  | | | |  | | |  | | |  | | |
|  | |  |  |  | | |  | |  | | | |  |  | | |  | | | |  | | |  | | |  | | |
| **Other Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| These are additional services that your child and family are currently accessing, but are not entitled under Part C. Such additional services may include medial services such as well-baby checks, follow-up with specialists for medical purposes, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you or your child currently receive any of the following services?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| check all that apply | **Financial & other Basic Assistance** | | | | | | check all that apply | | | | **Health & Medical Services** | | | | | | | | check all that apply | | **General Services** | | | | | | | | |
|  | Medicaid/Apple Health - child | | | | | |  | | | | WIC Nutrition Program | | | | | | | |  | | Early Head Start/Head Start | | | | | | | | |
|  | Medicaid/Basic Health - parent | | | | | |  | | | | First Steps | | | | | | | |  | | Early ECEAP | | | | | | | | |
|  | Health Insurance - child | | | | | |  | | | | Immunizations (baby shots) | | | | | | | |  | | Migrant Head Start – American Indian/Alaska Native | | | | | | | | |
|  | Health Insurance - parent | | | | | |  | | | | Family Planning Clinic | | | | | | | |  | | DDA (Developmental Disabilities Administration) | | | | | | | | |
|  | Medicaid Premium Payment Program | | | | | |  | | | | Children with Special Health Care Needs | | | | | | | |  | | Preschool | | | | | | | | |
|  | Food Stamps | | | | | |  | | | | Primary Care – parent | | | | | | | |  | | Other general services | | | | | | | | |
|  | SSI | | | | | |  | | | | Medical Specialists (cardiologist, neurology, etc.) | | | | | | | |  | | Parent to Parent (referral) | | | | | | | | |
|  | Child Care Subsidies | | | | | |  | | | | EPSDT/Medicaid Health Check | | | | | | | |  | | Washington State Fathers Network (referral) | | | | | | | | |
|  | TANF | | | | | |  | | | | Dental Care | | | | | | | |  | | *Other:* | | | | | | | | |
|  | Other financial services | | | | | |  | | | | Indian Health Services | | | | | | | |  | |  | | | | | | | | |
|  | *Other:* | | | | | |  | | | | Other Health Services | | | | | | | |  | |  | | | | | | | | |
| **Comments:** *(include names, contact information and funding sources for other services as appropriate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What other services does your child and family need, and want to access?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Services:** | | | | | **Provider:** | | | | | | | | | **Steps to be taken to help family access these services or funding sources to be used:** | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |
| **III. Natural Environment Justification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children learn best through natural learning opportunities that occur in settings where the child and family normally participate. Early Intervention supports and services must be provided in settings that are natural or typical for children of the same age (i.e., natural environments). If the team decides that the outcome cannot be achieved in a natural environment, a justification must be provided including why that decision was made and what we will do to move services and supports into natural environments as soon as possible. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome #** | | | | | **Service(s)/Support(s)** | | | | | | | | | **Setting** *(non-natural environment setting where service(s), support(s) will be provided)* | | | | | | | | | | | | | | | |
| **Explanation of why outcome(s) cannot be achieved in a Natural Environment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Plan for moving service(s) and support(s) into Natural Environment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Individualized Family Services Plan (IFSP) Agreement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prior Written Notice and Parental Consent for Provision of Early Intervention Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prior Written Notice:** (*Prior written notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention service to the child and the child’s family*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Action Proposed:** *(To initiate the services listed on the IFSP for which consent is provided, according to Summary of Services)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Taking the Action:** *(After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Action Refused** *(if any):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reasons for Refusal** *(if action refused):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IFSP Signature Page** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I participated in the development of this IFSP and I give informed consent for the Washington Early Support for Infants and Toddlers program and service providers to carry out the activities listed on the IFSP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication that I sought. The consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time. Such revocation is not retroactive (it does not apply to any actions that occurred prior to revoking consent.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that I may accept or decline any early intervention services (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early interventions services) my child or family receives through the Washington Early Support for Infants and Toddlers program (NOTE: Complete the Declining One or More Early Intervention Services or Declining Participation in the ESIT Program form if appropriate.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that my IFSP will be shared among the early intervention providers and program administrators responsible for implementing this IFSP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have received a copy of Washington Early Support for Infants and Toddlers program, Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards (Parents Rights) along with the IFSP. This information included the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have received a copy of Washington Early Support for Infants and Toddlers Program, System of Payments and Fees Policy along with this IFSP. This policy identifies the Procedural Safeguards and dispute resolution options I may use if I decide later that I disagree with any decision related to billing public or private insurance, the imposition of fees and/or the determination of ability or inability to pay. These rights have been explained to me and I understand them. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature(s) of** (check one):  Parent  Legal Guardian  Surrogate Parent  Signature: Date:  Signature: Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |