

Parent Rights Agreement

Event/Reason for Agreement: _____

Name of Child: _____ Date of Birth: _____

Yes N/A

- 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

- All activities and services listed on the IFSP.
- Another meeting to continue to discuss the issues presented today.
- All tracking activities.
- 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: _____