

Parents Rights Agreement

Event/Reason for Agreement: _____

Name of Child _____

Date: _____

Yes N/A

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I /we have been informed that information gathered is confidential (Family Educational Rights and Privacy Act). |
| <input type="checkbox"/> | <input type="checkbox"/> | I/we give permission for a Multi-Disciplinary Evaluation (MDE) for my child, to be completed to determine eligibility for Early Intervention. |
| <input type="checkbox"/> | <input type="checkbox"/> | I/we understand that when a child is eligible, an evaluation should be completed (if a current evaluation is not available) and an Individualized Family Service Plan (IFSP) meeting held within 45 days from the date of referral to the county Early Intervention program. |
| <input type="checkbox"/> | <input type="checkbox"/> | I/we participated in the Multidisciplinary Evaluation (MDE) and/or Individual Family Service Plan (IFSP) meetings to discuss, plan, and implement Early Intervention services or tracking activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | I/we received information explaining Early Intervention, rights and procedural safeguards. |
| <input type="checkbox"/> | <input type="checkbox"/> | I/we understand that parents have the right to accept or decline any or all of the proposed services and activities. |

I/we request:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All activities and services listed on the IFSP. |
| <input type="checkbox"/> | <input type="checkbox"/> | Another meeting to continue to discuss the issues presented today. |
| <input type="checkbox"/> | <input type="checkbox"/> | All tracking activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | All recommended activities and services be delayed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Only the following IFSP listed activities or services to start: |

I/we authorize the following team members/agencies to be provided copies of the Evaluation Report (ER)/IFSP

Name/Agency	Address	In its entirety or only certain sections?

I/we are dissatisfied with the proposed services and activities and request:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A discussion with the county administrator responsible for the Early Intervention program. |
| <input type="checkbox"/> | <input type="checkbox"/> | A mediation session conducted by the Office for Dispute Resolution. |
| <input type="checkbox"/> | <input type="checkbox"/> | A due process hearing conducted by the Office for Dispute Resolution. |

Parent Signature(s): _____
