

**INDIVIDUALIZED FAMILY SERVICE PLAN
ATTESTATIONS, CONSENT FOR SERVICES
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Child's Name: (Last) _____ (First) _____
 EI #: _____ DOB: ____ / ____ / ____
 Today's Date: / /

- I received a copy of *A Parent's Guide* when my child was referred to Early Intervention. I understand my rights and I have received a verbal and written description of *My Family Rights* at this IFSP meeting.
- I understand that :
 - I can ask to read my child's file or request a change to the file.
 - I may refuse one or more services and continue to receive other early intervention services for my child or family.
 - I can contact my service coordinator or EIOD any time I have questions or concerns about this IFSP.
 - My child's services will be based on his or her continuing needs and eligibility. I will be notified if the EIOD makes any change to the IFSP.
 - I have the right to mediation or fair hearing if I disagree with any part of my child's IFSP.
- My family and I can use the services of the Early Intervention Program to help my child achieve our IFSP outcomes.
- I have been given a copy of the *EIP Policy on Make-up Sessions* and I understand when make-up sessions can be provided.

Parent's Signature

Parent's Signature

____ / ____ / ____
Date

- I (We) have participated in the development of this IFSP, and agree to all parts of this plan. I (we) give permission to the NYC Early Intervention Program to implement this plan with my family.
- I (We) do not agree with some aspects of this plan. I (We) understand that I (we) have due process rights that are described in the *Parent's Guide* and that have been explained to me(us) at this meeting. I understand that disagreeing will not affect the other EI services. This is what I (we) do not agree with:

Parent's Signature

Parent's Signature

____ / ____ / ____
Date

EVALUATION REPRESENTATIVE:

I certify that I am a qualified professional as defined in the New York State Early Intervention Regulations, and that I am representing the Multidisciplinary Evaluation Team for the above-named child. I further certify that I have personally evaluated this child and /or have read the complete multidisciplinary evaluation, am knowledgeable about the clinical needs of this child and family, and am able to answer any questions regarding the child's evaluations and assist in developing functional outcomes and short term objectives during the IFSP meeting..

Signature: _____

Date: ____ / ____ / ____

EARLY INTERVENTION OFFICIAL DESIGNEE (EIOD):

I certify that the services that I have authorized in this IFSP are based upon the review of the documentation provided by the evaluators and the discussion that took place at this IFSP meeting as documented in the IFSP.

EIOD STAMP: