

Parent 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 received information explaining Early Intervention, our 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | I/we have been informed of the screening process and the right to request a Multidisciplinary Evaluation (MDE) anytime during the screening process. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | I/we give permission for a MDE for my child (if a current evaluation is not available) to determine eligibility for Early Intervention. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | I/we participated in the MDE and IFSP meetings to discuss, plan, and implement Early Intervention services or tracking services. |

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 to be delayed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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	In its entirety or only certain sections?
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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): _____ Date: _____