


**INDIVIDUALIZED FAMILY SERVICE PLAN
CONSENT AND TEAM SIGNATURES**
EXAMPLE
SECTION 1: CHILD INFORMATION

Child's First and Last Name: Jason Richards	DOB: 7/6/18	BRIDGES ID #: 353588
Meeting Date: 7/22/2020	Type of Individualized Family Service Plan (check one): <input checked="" type="checkbox"/> Initial IFSP <input type="checkbox"/> Six Month Review <input type="checkbox"/> Other <input type="checkbox"/> Change Review <input type="checkbox"/> Annual Evaluation of IFSP	

Meeting Notes:

This meeting included initial discussion of Jason's transition at age three, and the activities to support Sarah and Jarrod in the transition process.

SECTION 2: ACKNOWLEDGMENTS AND CONSENTS

Parent's Initials		
Yes	No	
SR		I have received a copy of my rights under IDEA/Part C (<i>Parent Notice of Family Rights and Safeguards</i>) and these have been explained to me along with this IFSP.
SR		I understand that I will receive a copy of this IFSP, the results of any screenings, evaluations, and/or assessments conducted for this IFSP, and a copy of this signature page.
SR		My consent is voluntary and based on my understanding of the activities, which have been explained to me in my native language or mode of communication.
SR		I understand that my consent remains in effect until the next IFSP Review or Annual IFSP and that I may revoke my consent in writing at any time.
SR		I understand that I may decline a service or services without jeopardizing any other IDEA/Part C service(s) my child or family receives.
SR		I have participated in the development of this plan and give informed consent for IDEA/Part C to carry out the activity/activities on this IFSP.
SR		I understand that my IFSP will be shared among the Early Intervention Service (EIS) providers implementing this IFSP, others I may identify, and entities within the system per federal reporting requirements.
<i>Sarah Richards</i> <i>Signature of Parent</i>		<i>7/22/20</i> <i>Date</i>
<i>Signature of Parent</i>		<i>Date</i>

SECTION 3: SIGNATURES OF IFSP TEAM (Method Codes: A=Attended, P=Phone, W=Written Evaluation Only)

Signature/Name	Role	Agency (if applicable)	Method			Date
			A	P	W*	
<i>Mary Beth Lacey</i> /Mary Beth Lacey	Service Coordinator	<i>Happy Babies, LLC</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07/22/2020
<i>Olivia Pope</i> /Olivia Pope	Initial Service Coordinator	Greenville BN Eligibility Field office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22 Jul 20
<i>Christine Cagney</i> /Christine Cagney	Special Instructor (child Assessment)	<i>Happy Babies, LLC</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	July 22, 2020
<i>Sasha Fierce</i> /Sasha Fierce	Speech-Language Pathologist	<i>Mouths of Babes, LLC</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07/24/2020
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Written evaluation as a method of participation may only be used for the Initial IFSP.