



INDIVIDUALIZED FAMILY SERVICE PLAN CONSENT AND TEAM SIGNATURES

SECTION 1: CHILD INFORMATION

Child's First and Last Name:	DOB:	BRIDGES ID #:
Meeting Date:	Type of Individualized Family Service Plan (check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div><input type="checkbox"/> Initial IFSP</div> <div><input type="checkbox"/> Six Month Review</div> <div><input type="checkbox"/> Other</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div><input type="checkbox"/> Change Review</div> <div><input type="checkbox"/> Annual Evaluation of IFSP</div> </div>	

Meeting Notes:

SECTION 2: ACKNOWLEDGMENTS AND CONSENTS

Parent's Initials		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I have received a copy of my rights under IDEA/Part C (<i>Parent Notice of Family Rights and Safeguards</i>) and the <i>Written Notice Related to Private Insurance/Medicaid and System of Payment Policies</i> . These have been explained to me along with this IFSP.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I may decline a service or services without jeopardizing any other IDEA/Part C service(s) my child or family receives.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	I consent to receiving electronic communications regarding my child's BabyNet services and information relating to the program at the following:
		<div style="width: 45%; text-align: center;">Email</div> <div style="width: 45%; text-align: center;">Text Messages</div>
<i>Signature of Parent</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*	
	Service Coordinator		<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"/>	
			<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.