

INDIVIDUALIZED FAMILY SERVICE PLAN CONSENT AND TEAM SIGNATURES

Child's First and Last Name: DOB: BRIDGES ID #: Meeting Date: Type of Individualized Family Service Plan (elsek one): Other Initial IFSP Six Month Review Other Change Review Annual Evaluation of IFSP Meeting Notes: Initial IFSP Six Month Review Sectron X: AcknowLEDGMENTS AND CONSENTS Perents Initial Initial IFSP Initial IFSP Presents Initial Initial IFSP Initial IFSP Perents Initial Inave received a copy of my rights under IDEA/Part C (Parent Notice of Liamity Rights and Safguantl) and the Writing Note Related to Princip Innormal/Medicaid and System of Pagment Pakies. These have been explained to me aclong with this IFSP. Inave participated in the development of this plan and give informed consent for IDEA/Part C to carry out the activity activities on this IFSP. Initial In any recoker or consent in writing at any time. Induestand that Towi consent ine mains in effect until the next IFSP Revi	SECTION 1: CHILD INFORMATION												
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SECTION 3: SIGNATURES OF IFSP TEAM (Method Codes: A=Attended, P=Phone, W=Written Evaluation Only)												
			Method									
Signature/Name	Role	Agency (if applicable)	Α	Р	W*	Date						
	Service Coordinator											

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