

**INDIVIDUALIZED FAMILY SERVICE PLAN
CONSENT AND TEAM SIGNATURES**

SECTION 1: CHILD INFORMATION

Child's First and Last Name:	DOB:	BRIDGES ID #:
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Meeting Date:	Type of Individualized Family Service Plan (check one): <input 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
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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:		
		<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Email</td> <td style="width:50%; border: none;">Text Messages</td> </tr> </table>	Email	Text Messages
Email	Text Messages			

<i>Signature of Parent</i>	<i>Date</i>
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<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.