

**NASSAU COUNTY EARLY INTERVENTION PROGRAM
IFSP CONSENT FORM**

Child's Name _____

Child's DOB _____ / _____ / _____

- I (We) have been informed of my (our) rights under the Early Intervention Program.
- I (We) may access and/or amend my child's record at any time by contacting the EIOD. EIOD Name _____
- I (We) have had the opportunity to participate in the development of the IFSP.
- I (We) have begun to discuss the transition to pre-school process with my (our) service coordinator.
- I (We) will obtain any applicable medical prescriptions necessary for treatment/therapies.
- I (We) have selected _____ as our Ongoing Service Coordinator.
- Daily Notes/Attendance Sheets are considered legal documents and must be signed by the parent or caregiver _____ after each session. (Name)
- Lead testing discussed with family.
- I (We) give permission to exchange information among members of IFSP team working with my child.
- I (We) am (are) in agreement with the IFSP and the Child Service Plan and have agreed to the following services:

Service Type	Service Location	Service Frequency/Duration

Family and/or ongoing service coordinator will contact the EIOD at (516) 227-_____ if services are not in place within two (2) weeks of IFSP, or if there are any questions about service provision.

Parent/Legal Guardian Signature _____

Date _____ / _____ / _____

EIOD Signature _____

Date _____ / _____ / _____

I (We) **DO NOT** agree with this plan and will complete a "Consent Withheld Form."

(We) understand that services not in dispute will begin when our provider(s) has(have) received authorization from the Nassau County Department of Health Early Intervention Program.

I (We) understand my (our) due process rights as explained in the New York State "The Early Intervention Program, A Parent's Guide."