

Early Intervention Services

Parent Handbook Acknowledgement Form

Program Name:

Click or tap here to enter text.

Location:

Click or tap here to enter text.

Name of Parent/Surrogate Parent/Guardian: Click or tap here to enter text.

Name of Child: Click or tap here to enter text.

Child Date of Birth: Click or tap here to enter text.

This is to verify that I have received a copy of my Early Intervention Services Parent Handbook. It informs me of my rights and my child's rights while enrolled in an early intervention program in Nevada. These rights have been explained to me by:

Staff Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Staff Position/Title: Click or tap here to enter text.

I understand that I have the right to:

- Have my rights explained to me in a way I can understand
- Participate in decision making for my child
- Have my child's developmental skills evaluated
- Give consent, or permission for evaluation and services
- Develop a plan for services within 45 days of referral (IFSP)
- Receive a written prior notice of meetings for IFSP, evaluation and assessment, or proposed changes to or refusal of services by the early intervention program
- Ensure confidentiality
- Review Records
- Disagree

My signature below shows that I have received my Early Intervention Services Parent Handbook and understand what it says.

Click or tap here to enter text.

Enter a date.

Signature of Parent, Surrogate Parent, or Guardian

Date