

# Early Intervention Services

## Declining Services

**Program Name:**

Click or tap here to enter text.

**Location:**

Click or tap here to enter text.

Child's Name: Click to enter text.

Date of Birth: Enter date.

☐ I understand that:

- My child will receive an evaluation to see if they are eligible for early intervention services.
- An Individualized Family Service Plan (IFSP) can be developed for my child/family if my child is eligible for services.

**and/or**

☐ My child is eligible for early intervention services:

- My child has a right to receive the early intervention services outlined in an IFSP.
- I understand the services being offered.
- I understand that my child will not be able to receive services from early intervention unless I give my written consent.

**and/or**

☐ I **do not** choose to have my child or family receive an evaluation/IFSP/services through early intervention. I understand that I can change my mind. If I do change my mind, I will call early intervention services at: Click to enter text.  
(Enter Contact Phone Number)

### **Declining One or More Part C Services Recommended by the IFSP Team**

I understand that my child is eligible to receive all of the services and/or screenings recommended by the IFSP team on Click to enter a date.

I do not wish for my child to receive the following service(s) and/or screening(s):

Click to enter text.

I understand that I may change my mind. If I change my mind, I will call my Service Coordinator at Click to enter text. I also understand that declining the service(s) and/or screening(s) does not affect any other service(s) and/or screening(s) my child or family receives through early intervention services.

Parent Signature: Click to enter text.

Date: Enter a date.

Service Coordinator Signature: Click to enter text.

Date: Enter a date.