

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

**SECTION 1: CHILD INFORMATION**

<b>Child's First and Last Name:</b>	<b>DOB:</b>	<b>BRIDGES ID #:</b>
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<b>Meeting Date:</b>	<b>Type of Individualized Family Service Plan (check one):</b> <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**

Check one:		
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"/>	My consent for BabyNet providers to bill my private insurance, as recorded on the <i>Consent to Use Insurance Resources</i> form, remains unchanged.
<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:
		Email
		Text Messages

<i>Signature of Parent</i>	<i>Date</i>
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<b>SECTION 3: SIGNATURES OF IFSP TEAM (Method Codes: A=Attended, P=Phone, W=Written Evaluation Only)</b>						
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.