

Declining One or More Early Intervention Services

PURPOSE: To document the parent(s) decision to decline one or more of the early intervention services recommended by

CHILD'S NAME	DOB	FAMILY RESOURCES COORDINATOR

the IFSP team.

**ACKNOWLEDGEMENT OF DECLINING
ONE OR MORE EARLY INTERVENTION SERVICES RECOMMENDED BY THE IFSP TEAM**

I understand that my child is eligible to receive all of the services listed on the Individualized Family Service Plan (IFSP) which was developed on _____ (date). I do not, however, wish for my child or family to receive the following service(s):

I am fully aware of the nature of the service(s) being offered for my child and family and that I must give written consent in order to receive this service(s). I do not choose to receive the above listed service(s) from the ESIT Program at this time. I understand that I may change my mind and, if so, will contact my Family Resources Coordinator. I also understand that declining this service(s) does not jeopardize any other early intervention service(s) my child or family receives through the ESIT program.

Print Parent's Name

Signature of Parent(s)

Date

Print FRC's Name

Signature of Family Resources Coordinator

Date