

**VIII. IFSP Agreement**

**Comments/Concerns I wish to add:**

I participated in the development of this IFSP. I have received a copy of the North Carolina Infant-Toddler Program Notice of Child and Family Rights. These rights have been explained to me and I understand them. I understand that my IFSP will become a part of my child’s NC Infant-Toddler Program record and shared with service providers implementing this IFSP.

**Consent means:** I have been fully informed about the activity or activities for which consent is sought; I was informed in my native language (unless clearly not feasible to do so) or other mode of communication; and I understand and agree in writing to the implementation of the activity or activities for which consent is sought; the consent describes that activity or activities; and the granting of my consent is voluntary and may be revoked in writing at any time. I understand that my child will not be able to receive the early intervention services outlined on this IFSP unless I give my consent.

I understand that my child is eligible for the NC Infant-Toddler Program and is eligible to receive the early intervention services as outlined by the IFSP. I understand that I may decline a service or services without jeopardizing any other early intervention service(s) my child or family receives through the NC Infant-Toddler Program. I understand that I may decline a service after first accepting the service.

Check One:

I give my informed consent for the NC Infant-Toddler Program and service providers to carry out all the activities listed on this IFSP.

I decline for my child or family to receive: (specify) \_\_\_\_\_  
— AND — \_\_\_\_\_

I give my informed consent for the NC Infant-Toddler Program and service providers to carry out all other activities listed on this IFSP, EXCLUDING the service or services I have specified here. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
EI Service Coordinator Signature/Agency and Date

\_\_\_\_\_  
Agency Representative or Designee Signature/Agency and Date

\_\_\_\_\_  
Other Signature and Date

\_\_\_\_\_  
Other Signature and Date

Child’s Name: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_  N/A

Agency \_\_\_\_\_

Section Number: \_\_\_\_\_

## VIII. IFSP Agreement

### Instructions:

**Comments/concerns I wish to add:** The parent may record any additional information, concerns, or differences.

**Signatures:** The parent, as identified by the NC Infant-Toddler Program, should sign the agreement page. The parent signs and dates where indicated. The EI Service Coordinator and Provider Agency Representatives or their Designees sign and date where indicated acknowledging their agreement to work with the family and service providers to ensure availability of services listed in this IFSP.

The family is a consumer of early intervention services and should be involved in developing the IFSP. The contents of the IFSP must be fully explained and the agreement statements must be reviewed. The parent should be informed that his signature will indicate:

- Participation in developing the plan
- Acknowledgment that Rights and Procedural Safeguards have been provided, reviewed and explained
- Advisement on all services and costs involved
- Choice to accept or reject any specific service(s) or the entire plan
- Right to change decision at any time
- Awareness of IFSP distribution
- Agreement with the plan

Before signing the agreement page, the parent, or parent surrogate, should check one of the boxes above his signature to indicate consent to receive the early intervention services outlined on the IFSP or to decline a service or services.

**Child's Name:** Enter the first, middle, and last name of the child.

**Medicaid Number:** Enter child's Medicaid number. If child does not have a Medicaid number, check the box indicating N/A.

**Agency:** Identify which Children's Developmental Services Agency is involved.

**Section Number:** Identify page using the roman numerals corresponding with the Section. If inserting additional pages, indicate with letter of alphabet after numeral (e.g. if adding a page to Section III, identify that page as IIIa).