



Kansas Infant Toddler Services Individualized Family Service Plan (IFSP)

Under Part C of IDEA, the IFSP is required to enhance the capacity of families to meet the needs of children birth to three who have developmental delays or exceptionalities.



Child and Family Information

1. Child's Name (First Middle Last):		2. Date of Birth / /		3. Gender: Choose an item.	
4. County of Residence:		5. Primary Language:		Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Parent/Guardian's Name:		6. Parent/Guardian's Name:			
7. Relationship: Choose an item.		8. Child Resides at this address: <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Relationship: Choose an item.	
		8. Child Resides at this address: <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Mailing Address:			9. Mailing Address:		
10. City/State/Zip:			10. City/State/Zip:		
11. Phone Number(s): () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>			11. Phone Number(s): () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>		
12. Parent Email Address:			12. Parent Email Address:		
13. Race: Choose an item.		14. Ethnicity: Choose an item.		15. Resident School District (USD #):	
16. Alternate contact:		17. Mailing Address:			
18. Relationship to child: Choose an item.		19. City/State/Zip:		20. Phone Number: () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>	
21. Email Address:		22. Child Resides at this address: <input type="checkbox"/> Yes <input type="checkbox"/> No			
23. Identification Number (KIDS ID):			24. Case Number:		
25. Interim IFSP: <input type="checkbox"/>		Initial IFSP: <input type="checkbox"/>		Annual IFSP: <input type="checkbox"/>	
				Review IFSP: <input type="checkbox"/>	

Important Dates

26. Part C Referral Date: / /		27. 45 day Timeline Due Date: / /	
28. Part C Referral Source: Choose an item.			
29. Source Name:		Phone Number: () -	
30. Initial Eligibility Date: / /		31. Initial IFSP Date: / /	
		32. Current IFSP Date: / /	
33. Six-month IFSP Review Due Date: / /		34. Annual IFSP Review Due Date: / /	
35. Part B Referral Date: / / <i>(actual date of referral, including call to Part B and ITS database entry)</i>			
36. Child transferred from another tiny-k program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
37. Date referred to our local tiny-k program: / /			
38. Date IFSP Accepted by our program: / /		39. Transition Conference Date: / /	
40. Transition Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No (because the child is not within 9 months to 90 days of turning three)			

Eligibility for Part C Services

The evaluation and assessment of each child and the determination of the child's initial and ongoing eligibility for Part C Early intervention services may include the use of informed clinical opinion. Eligibility determination is a team decision.

1. ☐ Your child was evaluated by a multidisciplinary team and is **eligible** for Part C Services for the following reason:

- ☐ A Developmental Delay of 25% in one developmental area or 20% delay in 2 or more developmental areas
- ☐ Automatically Eligible due to established risk for developmental delay (*identify*):
- ☐ Informed Clinical Opinion (*check and provide explanation if this is the only method used for determining eligibility although clinical opinion must be used throughout evaluation and assessment*):

2. Team members determining eligibility (*at least two*):

Name (1): _____

Discipline: _____

Name (2): _____

Discipline: _____

Name (3): _____

Discipline: _____

Name (4): _____

Discipline: _____

Family Service Coordinator Information

Family Service Coordination is provided to all families enrolled in early intervention services. A Family Services Coordinator will help you identify and access community resources and supports that you and your child may need, based on your current priorities.

3. Family Service Coordinator:

4. Agency:

5. Agency Address:

6. City/State/Zip:

7. Phone Number: () - Ext:

8. Work ☐ Cell ☐

9. Email Address:

Summary of Relevant Health Status

Primary Care Information

1. Primary Care Provider/Medical Home Name:

2. Address:

3. City/State/Zip:

4. Phone Number: () - Ext:

5. Fax: () -

6. Email Address:

Insurance Information

7. Primary Insurance:

8. Secondary Insurance:

9. Signed Release to Bill Insurance: ☐ Yes ☐ No10. Signed Doctor's Orders: ☐ Yes ☐ No

11. Medicaid/KanCare ID #:

Child Health Information

12. Summary of child's health status based on review of pertinent records *(please share pertinent information):*

[Birth History (weight, gestational age, etc.), Medical Conditions or diagnoses (i.e. allergies), Illnesses, Hospitalizations, Medications, Oral Health, Health Precautions and Safety Issues, Family History, Other:]

Immunization up-to-date: ☐ Yes ☐ No ☐ N/AKan Be Healthy up-to-date: ☐ Yes ☐ No ☐ N/A

Nutrition Summary:

13. Weight Length

14. Follow-up Needed ☐ Yes ☐ No

15. Results/Concerns:

Vision:

16. Date tested/screened: / /

17. Results/Concerns:

18. Date re-tested/screened: / /

19. Results/Concerns:

Hearing:

20. Date tested/screened: / /

21. Results/Concerns:

22. Date re-tested/screened: / /

23. Results/Concerns:

MY CHILD’S STORY
(CHILD’S PRESENT LEVEL OF DEVELOPMENT)

A developmental eligibility evaluation was recently completed with your child and family and ongoing assessment information has been gathered. This information helps us understand your child’s developmental strengths, as well as some of the things that are challenging for your child and may be affecting how he/she is able to participate in family and community activities. This is the summary of what we have discovered so that our plan fits well with your child’s developmental strengths and interests. Sources of information for this summary may include conversations we have had with you, observations of your child in daily routines, eligibility evaluations, assessments, and outside reports.

1. Indicate the dates and types of information used to develop this summary (e.g., AEPS, HELP, parent reports, etc.):

Positive Social Relationships: This refers to how children relate to those around them - their parents, caregivers, brothers and sisters, and other young children. This includes many different skills such as communicating, showing emotions appropriately and controlling their own behavior. Having positive social relationships also requires young children to follow rules for how to interact, such as waiting for one’s turn or sharing.		
2. WHAT IS CHILD DOING DURING DAILY ROUTINES AND ACTIVITIES? WHO IS PART OF THESE ROUTINES/ACTIVITIES?	3. WHAT MY CHILD ENJOYS ABOUT THESE ROUTINES/ACTIVITIES?	4. WHAT WOULD WE LIKE TO CHANGE ABOUT THESE ROUTINES/ACTIVITIES?

*** All developmental domains including: Cognitive, Communication: Expressive and Receptive, Fine Motor, Gross Motor, Self Help and Social Emotional must be addressed within context of the three identified functional areas of development. ***

Acquiring & Using Knowledge & Skills:

This refers to the thinking, learning, reasoning, memory, and problem solving skills, general knowledge that children acquire about their world, such as concepts of more and less, colors and shapes, stories, and books, and using this knowledge in everyday activities. This area is about early learning and how children come to understand their world and acquire the skills they need to be successful in school and beyond.

2. WHAT IS CHILD DOING DURING DAILY ROUTINES AND ACTIVITIES? WHO IS PART OF THESE ROUTINES/ACTIVITIES?	3. WHAT MY CHILD ENJOYS ABOUT THESE ROUTINES/ACTIVITIES?	4. WHAT WOULD WE LIKE TO CHANGE ABOUT THESE ROUTINES/ACTIVITIES?

***All developmental domains including: Cognitive, Communication: Expressive and Receptive, Fine Motor, Gross Motor, Self Help, and Social Emotional must be addressed within context of the three identified functional areas of development. ***

Taking Action To Meet Needs: This refers to children being able to take care of themselves and to use appropriate ways to get what they need and want. The key theme is emerging independence. This includes everyday activities like eating, dressing, playing with toys, making choices and getting from one place to another. It is important for children to be able to move around from place to place. There are many ways to move around and some children use wheelchairs, walkers or other assistive devices. This ultimately focuses on how children show increasing independence in meeting their own needs.		
2. WHAT IS CHILD DOING DURING DAILY ROUTINES AND ACTIVITIES WHO IS PART OF THESE ROUTINES/ACTIVITIES?	3. WHAT MY CHILD ENJOYS ABOUT THESE ROUTINES/ACTIVITIES?	4. WHAT WOULD WE LIKE TO CHANGE ABOUT THESE ROUTINES/ACTIVITIES?

***All developmental domains including: Cognitive, Communication: Expressive and Receptive, Fine Motor, Gross Motor, Self Help, and Social Emotional must be addressed within context of the three identified functional areas of development. ***

Family Concerns, Resources, Priorities

Family's concerns and priorities drive the development of IFSP outcomes. Family resources and supports are critical for supporting and enhancing desired changes and children's functioning and learning.

Summary of Family Concerns:

(based on challenges in everyday routines and activities and on the assessment tool list)

1. Name of Assessment tool used to identify Family Concerns, Priorities and Resources:

2. Priorities of the Family:

3. Strengths, Resources that Family has to Meet their Child's Needs: *(includes family, friends, community groups, financial supports, etc. that are helpful to you)*

4. What else would be helpful in planning supports and services? *(What is important? What have we forgotten?)*

Other Services

These are additional services that your child and family are currently accessing or would like information about, but **are not** part of services under Part C. Such additional services may include medical services such as well-baby checks, follow-up with specialists for medical purposes, etc.

1. Do you or your child currently receive any of the following services?

Check if applicable	<u>Financial & Other Basic Assistance</u>	Check if applicable	<u>Health & Medical Services</u>	Check if applicable	<u>General Services</u>
<input type="checkbox"/>	Child Care Subsidies	<input type="checkbox"/>	Children with Special Health Care Needs Program	<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Deaf/Blind Services	<input type="checkbox"/>	Domestic Violence Support
<input type="checkbox"/>	Financial Assistance (needy family cash, etc.)	<input type="checkbox"/>	Family Planning Clinic	<input type="checkbox"/>	Early Head Start/Head Start
<input type="checkbox"/>	Health Insurance - child	<input type="checkbox"/>	Immunizations (Baby Shots)	<input type="checkbox"/>	Families Together
<input type="checkbox"/>	Medicaid/KanCare - child	<input type="checkbox"/>	Indian Health Services	<input type="checkbox"/>	Family Preservation
<input type="checkbox"/>	Medicaid/KanCare - parent	<input type="checkbox"/>	KAN Be Healthy	<input type="checkbox"/>	Foster Care/DCF
<input type="checkbox"/>	SSI	<input type="checkbox"/>	Kansas Instructional Network (KISN)	<input type="checkbox"/>	MR/DD Services through CDDO
<input type="checkbox"/>	Vision Card	<input type="checkbox"/>	Medical Specialist (i.e. cardiology, neurology, etc.)	<input type="checkbox"/>	Parents As Teachers
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	Preschool
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Nutrition Services	<input type="checkbox"/>	Sound Beginnings
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Oral Health	<input type="checkbox"/>	Sound Start
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Well Child Care	<input type="checkbox"/>	TA Waiver/Autism Waiver
<input type="checkbox"/>	Other:	<input type="checkbox"/>	WIC Nutrition Program	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

2. Comments (includes names, contact information and funding sources for above services as appropriate):

Outcomes for Children and Families

Outcomes must reflect the changes families would like to see happen for themselves and their children and be based on family priorities and needs in relation to support of the developmental needs of the child, **including accessing community resources and supports**

1. Outcome #	
2. Start Date: / /	3. Target Date: / /
4. What would your family like to see happen for your child/family? <i>(The outcome must be functional, measurable and in the context of everyday routines and activities.)</i>	
5. What's happening now related to this outcome? <i>(Describe your child and/or family's functioning related to the desired change/outcome.)</i>	
6. How will we know we've made progress or if revisions are needed to outcomes or services? <i>(What is the observable action or behavior that shows progress is being made?</i> <i>What is/are procedure(s) we are going to use to measure progress? [i.e., observation, report, chart]</i> <i>What are the realistic timelines that will be used?)</i>	
7. How did we do? <i>(Review of progress statement/Criteria for Success)</i> Date: / / Comments:	
8. What happens next?: Date: / / Continue as planned: Date: / / Discontinue this outcome: Date: / / Revise this outcome: <i>(*if outcome achieved, discontinued, added or revised, please go to IFSP review page.)</i>	

Summary of Services

Services and supports are determined following the development of functional IFSP outcomes. They are designed to enhance the capacity of the family in supporting their child's development and to promote the child's learning and development through functional participation in family and community activities. Each child will be teamed, at a minimum, quarterly with the entire intervention team (which may include team members not listed below) with the Primary Provider taking the lead. The services listed below reflect the specific team members directly involved with your child and family either through joint visits, consultation, team meetings and face-to-face visits.

1. Primary Provider	2. Family Services Coordinator	3. Provider Name	4. Early Intervention Services	5. Methods	Frequency /Intensity	Length	Location	Duration	
					6. Number of visits in the Natural Environment	7. How long are visits?	8. Natural Environment where services will take place	9. Start Date	10. End Date
<input type="checkbox"/>	<input type="checkbox"/>		Choose an item.	Choose an item.				/ /	/ /
<input type="checkbox"/>	<input type="checkbox"/>		Choose an item.	Choose an item.				/ /	/ /
<input type="checkbox"/>	<input type="checkbox"/>		Choose an item.	Choose an item.				/ /	/ /
<input type="checkbox"/>	<input type="checkbox"/>		Choose an item.	Choose an item.				/ /	/ /
<input type="checkbox"/>	<input type="checkbox"/>		Choose an item.	Choose an item.				/ /	/ /
<input type="checkbox"/>	<input type="checkbox"/>		Choose an item.	Choose an item.				/ /	/ /
<input type="checkbox"/>	<input type="checkbox"/>		Choose an item.	Choose an item.				/ /	/ /

**If setting is not a natural environment, complete the justification.*

11. Description of services and how they are going to be delivered:

12. Funding Statement *(include statement of local funding sources; including Medicaid/KanCare, and Categorical Aid, Part C funding must always be payor of last resort for all services):*

13. Natural Environment Justification needed: ☐ **Yes** *(Complete page 11)* ☐ **No** *(All Early Intervention Services are occurring in the Natural Environment)*

Natural Environment Justification

Children learn best through natural learning opportunities that occur in settings where the child and family normally participate. Early intervention supports and services **must be** provided in settings that are natural or typical for children of the same age who do not have disabilities (i.e., natural environments). If the team decides that the outcome cannot be achieved in a natural environment, a justification **must be** provided including why that decision was made and what will we do to move services and supports into natural environments as soon as possible.

1. Service(s)/Support(s)	2. Setting (Non-Natural Environment Setting Where Service(s)/Support(s) Will be Provided)

3. Explanation of Why Outcomes Cannot be Achieved in a Natural Environment:

4. Plan for Moving Service(s) and/or Support(s) into Natural Environments:

IFSP Agreement

Written Prior Notice and Parental Consent for Provision of Early Intervention Services

1. Waive Right to 10-day Written Prior Notice (Initial):

Written Prior Notice:

Written prior notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention services to the child and the child's family.

Action Proposed:

To initiate the services and implement the IFSP plan for which consent is provided.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

☐ **I do not give consent for the proposed Action**

2. Action Refused (if any):

3. Reasons for Refusal (if action refused):

Consent:

I participated in the development of this IFSP and I give informed consent for the Local *tiny-k program, Kansas Infant/Toddler Services* and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Local *tiny-k Program, Kansas Infant/Toddler Services*

(NOTE: Complete the "*Declining One or More Early Intervention Services or Declining Participation in the tiny-k program*" form)

I understand that my IFSP will be shared among early intervention providers and program administrators responsible for implementing the IFSP.

I have received a copy of the *tiny-k program and Kansas Infant/Toddler Services, Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Child and Family Rights and ITS Complaints Process]* along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them. I also understand that I contact KDHE at 785.296.6135 or 1.800.332.6262 and make an informal complaint, request mediation and/or an impartial due process hearing should you disagree with the proposed actions. For more information, you may consult the Kansas Infant Toddler Services website at <http://ksits.org/families.htm>.

☐ **I do give consent for the proposed Action**

4. Signature(s) of (check one): ☐ Parent(s) ☐ Legal Guardian ☐ Child Advocate

Date / /

5. Signature(s) of (check one): ☐ Parent(s) ☐ Legal Guardian ☐ Child Advocate

Date / /

Child's Name:

DOB: / /

IFSP Date: / /

1. IFSP Participants that attended the IFSP Meeting:

Printed name and Credentials

Role/organization

Signature

Date

2. The following individuals did not attend the meeting but participated in the meeting through conference call or in writing. (specify which):

Printed name and Credentials

Role/organization

Conference Call/In Writing

Part C Transition Planning Timelines and Procedures

Develop the transition plan with the family not fewer than 90 days, and at the discretion of all parties, not more than 9 months prior to the child's third birthday.

The Transition Plan outlines steps and activities to support children and families leaving early intervention and transitioning to other community or school services.

**Note: Specific Guidance for Late Referrals to Part C, Summer Birthdays and Uninterrupted Services are found in the Procedure Manual and in the Transition MOA between KDHE and KSDE. The procedures specific to these issues may vary slightly. Refer to guidance before proceeding.*

1. Date of Transition Plan _____ (no more than 9 months or less than 90 days prior to child's third birthday)

2. Family Priorities for child's transition:

Early Childhood Program Contact Information/School District

3. School District:

4. Name of Program:

5. Contact's Name:

6. Address:

7. Phone Number: () - Ext:

Work ☐ **Cell** ☐

8. Email Address:

9. Transition Planning Requirements and Activities

**Person
Responsible**

**Date
Completed**

a) Discuss with parents what "transition" from early intervention means, including steps for the child to exit from Part C program.

b) Help parents to understand meaning of "potentially eligible". Explain the referral process for children "potentially eligible" from referral to possible IEP.

c) Assist parents to understand their rights and to develop advocacy skills. Review Child and Family Rights Document.

d) Discuss with parents possible program options (including early childhood special education services; Head Start; child care and other community services) that may be available when child is ready for transition at age 3. List options here as appropriate:

e) Provide opportunity to parents to meet and receive information from local education agency or other community program representatives as appropriate.

9. Transition Planning Requirements and Activities (continued)	Person Responsible	Date Completed
f) At least 90 days and not more than 9 months prior to child's third birthday, make referral to the SEA and LEA. Explain to parents what the process looks like once a referral is made. Discuss the following: <ul style="list-style-type: none"> • Part B will send procedural safeguards. • Decision to schedule a transition conference and who will be in attendance if transition conference occurs 		
g) With parental agreement, schedule and hold the transition conference (at least 90 days and, at the discretion of all parties, not more than 9 months before the child's third birthday) and discuss required participants (Part B/619, parents, Part C staff) and discuss possible invited participants including advocates, extended family, Head Start and other community providers as appropriate Parental Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No Target Date for the Conference: / / Who will attend: (list)		
h) With parental consent, transfer records information (including evaluation and assessments and the IFSP.) Parents may provide this consent at anytime to include before and after the transition conference.		
i) When invited, the local <i>tiny-k</i> network family service coordinator and appropriate early intervention staff make every effort to participate in the IEP meeting conducted by the LEA. Does the family want the <i>tiny-k</i> network family service coordinator and/or other appropriate early intervention staff to attend the IEP meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No Names of those the family wants to attend:		
j) Other transition planning activities Required if parents don't give permission to hold the Transition Conference.		

Transition Conference Documentation

* Note: Transition Conference is considered IFSP meeting and will include prior written notice.

* Note: The Transition Conference may be combined with the IFSP meeting to develop the transition plan. All IFSP meeting procedures would apply.

Conference Date: / /

AGENDA

Agenda Item	Discussion/Plan/Timeline	Who is Responsible?
a) Tell us about your child:		Parent(s)/Guardian(s)
b) Discussion of Part B eligibility definitions		
c) Availability of special education and related services:		
d) Steps to determine eligibility for Part B services (including: review of current evaluation and assessment information), discussion of timelines and processes for consenting to an evaluation and conducting an eligibility determination under Part B/619. Indicate if further evaluations are needed to determine eligibility to Part B or other programs prior to transition.		
e) Other activities that need to be completed before the child moves into the new service setting (including enrollment; immunizations; transportation issues; medical needs, etc.).		
f) Plan for the child from the child's third birthday through the remainder of the school year and/or Summer.		

Agenda Item	Discussion/Plan/Timeline	Who is Responsible?
g) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting (i.e. visit the new program, meet with program staff prior to the child's first day, help family secure materials and supplies that will be needed such as a back pack.)		
h) Post transition follow-up (including service coordination, consultation with new staff).		
i) Other Activities/Discussion Topics.		

IFSP Review

The IFSP is a fluid, flexible document that can be updated as you or your child's and family's needs change. Reviews of the IFSP must occur every six months and additional reviews can be held whenever changes are needed to the IFSP. This page will summarize the changes being made to your child's IFSP at each review.

Anytime you change any part of the IFSP you must complete the IFSP Review Section

1. Date of Review: / /

2. Summary of Review Results *(i.e., progress made towards outcomes or new outcomes developed; changes in the family's concerns, resources and priorities; changes to service provision; plans until next review, etc.). Any changes to services and outcomes noted in this review must also be updated in the appropriate section of the current IFSP.*

IFSP Review Agreement

Written Prior Notice and Parental Consent for Provision of Early Intervention Services

1. Waive Right to 10-day Written Prior Notice (Initial):

Written Prior Notice:

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Action Proposed:

To initiate the services and implement the IFSP plan for which consent is provided.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

☐ **I do not give consent for the proposed Action**

2. Action Refused (if any):

3. Reasons for Refusal (if action refused):

Consent:

I participated in the development of this IFSP and I give informed consent for the Local *tiny-k program, Kansas Infant/Toddler Services* and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Local *tiny-k Program, Kansas Infant/Toddler Services*

(NOTE: Complete the "*Declining One or More Early Intervention Services or Declining Participation in the tiny-k program*" form)

I understand that my IFSP will be shared among early intervention providers and program administrators responsible for implementing the IFSP.

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☐ **I do give consent for the proposed Action**

4. Signature(s) of (check one): ☐ Parent(s) ☐ Legal Guardian ☐ Child Advocate Date / /

5. Signature(s) of (check one): ☐ Parent(s) ☐ Legal Guardian ☐ Child Advocate Date / /

Child's Name:

DOB: / /

IFSP Date: / /

1. IFSP Participants that attended the IFSP Review Meeting:

Printed name and Credentials

Role/organization

Signature

Date

2. The following individuals did not attend the meeting but participated in the meeting through conference call or in writing. (specify which):

Printed name and Credentials

Role/organization

Conference Call/In Writing