

# Infant/Toddler System



(KSXX) Logout

Child/Parent Info Other Services Outcomes

Eligibility/FSC Health Social Relationships

Knowledge/Skills Transition Conference

Taking Action Review

Signatures

Services Service Funding

Teagan Anderson

Transition Plan

## **IFSP Review Agreement**

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

#### 1. Consent to Continue without 10 days notice: (Initial):

I understand that I may have 10 days notice prior to any activity being conducted, and agree that this activity by the Part C/tiny-k program is occurring prior to the 10-calendar-day prior notice timeline

#### 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.	Reason	for	Refusal	if ac	tion	refuse	d):

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 tiny0k 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 may 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

				Date	
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		