

**NIAGARA COUNTY EARLY INTERVENTION PROGRAM
INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) SIGNATURE PAGE**

Child's Name: _____

DOB: _____

Parent/Guardian: I have had the opportunity to participate in the development of this IFSP. I have been informed of my rights under the program. I agree with this plan, and give permission to release this information and evaluation results to all service providers as indicated in this plan. I agree to give verbal consent for all changes in this IFSP, I understand that I will provide written consent no later than the next IFSP. (Initials _____)

I have been provided with the option of including in this IFSP information about family strengths, priorities and concerns related to enhancing my child's development. I consent to providing the following statement of my family's strengths, priorities and concerns related to enhancing my child's development. (Initials _____)

INITIAL/ANNUAL IFSP DATE: _____

Parent/Guardian Signature *Date*

Early Intervention Official/Designee / ISC / OSC Signature *Date*

Other Participants:

Signature/Title Agency Date

Signature/Title Agency Date

Signature/Title Agency Date

Signature/Title Agency Date

IFSP REVIEW DATE: _____

Parent/Guardian Signature *Date*

Early Intervention Official/Designee / OSC Signature *Date*

Other Participants:

Signature/Title Agency Date

Signature/Title Agency Date

Signature/Title Agency Date

Signature/Title Agency Date

IFSP TEAM:

Ongoing Service Coordinator: _____ Agency: _____ Phone: _____

Name/Role *Agency* *Phone*

Child's Health Status (i.e. allergies, alerts) _____
