Child's name: Date of birth: ETID number:

Section 8: Prior Written Notice and Consent for EI Services

Parent Consent

I agree to the provision of these Early Intervention services described in this IFSP. I participated in the development of this IFSP and have been fully informed and understand all information related to the provision of Early Intervention services described in this IFSP. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

I understand that when any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to my family and child, I must receive prior written notice at least ten calendar days before beginning or changing that EI service. I understand that this IFSP constitutes prior written notice about the proposed Early Intervention services and the details of the proposed initiation or change of services are described within Section 6 of the IFSP. Additional prior written notice is not needed for a service that was proposed to end using form EI-11 prior to this IFSP meeting.

Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning an EI service.

Initials of parent(s) _____ Date _____

Parent name	Parent signature	Date
Parent name	Parent signature	Date

EI Service Coordinator and Provider Consent

We acknowledge that the outcomes reflect the family's priorities and concerns, and the EI services support those outcomes. We agree to implement this IFSP in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Name	Discipline	Signature	Date
	EI Service Coordinator		