The Department of Early Learning
Washington Early Support for Infants and Toddlers (ESIT) Program

Declining Participation in the ESIT Program

PURPOSE: To document the parent(s) decision to decline participation in the ESIT program.

CHILD'S NAME	DOB	FAMILY RESOURCES COORDINATOR

ACKNOWLEDGEMENT OF DECLINING PARTICIPATION IN THE ESIT PROGRAM

- ❑ I understand that my child may receive an evaluation to determine eligibility for the ESIT program.

–and/or–

- ❑ I understand that an Individualized Family Service Plan (IFSP) can be developed for my child/family if my child is eligible for Part C.

–and/or—

- ❑ My child is eligible for the ESIT program and has a right to obtain the early intervention services outlined in an Individualized Family Service Plan (IFSP). I am fully aware of the nature of services being offered and that my child and family will not be able to receive services from the ESIT program unless I give my consent.

DOCUMENTATION OF PARENT DECISION

I do **not** choose to have my child or family receive an evaluation/IFSP/services through the ESIT program at this time. I understand that I may change my mind and, if so, will contact my Family Resources Coordinator.

_____
Print Parent's Name

_____ _____
Signature of Parent(s) *Date*

_____
Print FRC's Name

_____ _____
Signature of Family Resources Coordinator *Date*

I give permission for the ESIT program to contact me in _____ months to check on my child's progress.

_____
Initials of Parent(s)

DRAFT