

# Declining One or More Early Intervention Services

**PURPOSE:** To document the parent(s) decision to decline one or more of the early intervention services recommended by the IFSP team.

CHILD'S NAME	DOB	FAMILY RESOURCES COORDINATOR

**ACKNOWLEDGEMENT OF DECLINING  
ONE OR MORE EARLY INTERVENTION SERVICES RECOMMENDED BY THE IFSP TEAM**

I understand that my child is eligible to receive all of the services listed on the Individualized Family Service Plan (IFSP) which was developed on \_\_\_\_\_ (date). I do not, however, wish for my child or family to receive the following service(s):

\_\_\_\_\_

\_\_\_\_\_

I am fully aware of the nature of the service(s) being offered for my child and family and that I must give written consent in order to receive this service(s). I do not choose to receive the above listed service(s) from the ESIT Program at this time. I understand that I may change my mind and, if so, will contact my Family Resources Coordinator. I also understand that declining this service(s) does not jeopardize any other early intervention service(s) my child or family receives through the ESIT program.

\_\_\_\_\_  
*Print Parent's Name*

\_\_\_\_\_  
*Signature of Parent(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print FRC's Name*

\_\_\_\_\_  
*Signature of Family Resources Coordinator*

\_\_\_\_\_  
*Date*