INDIVIDUALIZED FAMILY SERVICE PLAN

Date:_____/_____/_____

PART VIIX: IFSP TEAM APPROVALS

FAMILY:

____I/We have had the opportunity to help develop this Individualized Family Service Plan (IFSP).

____I/We have been informed of and have been given explanations of our rights under this program. I/We give consent for the service providers listed to carry out the plan.

____I/We have had the opportunity to help develop this Individualized Family Service Plan (IFSP) and have received a copy of the plan and our rights. However, I/We do not give permission for the following services at this time:

_____

_____

____I/We understand the child is not eligible for the Early Start Services Program at this time. I/We have been informed of our rights for review.

____H.E.A.R.T.S. Connection/FRC brochure and information was provided.
I/We request a referral be made now ☐ no ☐yes
If yes, the following information will be provided: name, birthdate, address, phone, diagnosis and parent's name.

____I/We have been informed of the use of the family's private insurance to pay for evaluation, assessment and required early intervention services from Kern Regional Center shall be voluntary.

____I/We have received a school calendar.

_____ _____
Parent/Legal Guardian Date

_____ _____
Parent/Legal Guardian Date

OTHER IFSP PARTICIPANTS:

The following individuals/agencies participated in the development of the IFSP either by attending the meeting or giving input by telephone or in writing and agree to carry out the plan as it applies to their role in the provision of entitled Early Intervention Services.

NAME/TITLE	AGENCY	ATTENDED MEETING IF NO*	DATE
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	

*IF NO, INPUT WAS PROVIDED BY TELEPHONE OR WRITTEN (PERSON RECEIVING INPUT MUST INITIAL COLUMN).

Translated IFSP has been requested by parent/legal guardian. ❑Yes ❑No Language: _____

CHILD'S NAME_____ Page _____ of _____

White: LEA Canary: Kern Regional Center Pink: Parent/Legal Guardian
SE:H07g Rev. 9/08