Child's name EIDS number

## **Section 5: Consent for El Services**

I 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 have received prior written notice about the proposed Early Intervention services and agree to the provision of these Early Intervention services described in this IFSP.

Parent signature	Parent name	Date
Parent signature	Parent name	Date
those outcomes. We ag	he outcomes reflect the family's priorities and co ree to carry out the plan in a manner that suppo from their everyday activities whenever possible	orts the family's ability to help their child
Signature	Name, role, and agency	Participation method Date

Participation method: In-person (P); Technology (T); Written (W)