Signature & Procedural Safeguards

(This signature page is to be used with every IFSP or IEP development or change.
Check the "Type" of IFSP/ IEP to indicate the purpose of this page.)

Child's Legal Name: _____ Date: _____

Type of IFSP or IEP

☐ Interim IFSP/Date: _____
☐ Initial IFSP Date: _____
☐ Completed IFSP Date: _____
☐ 6 Month Review/Date: _____
☐ Annual IFSP and/or IEP/Date: _____
☐ Other Review/Date: _____
☐ Transition Conference/Date: _____
☐ Transition/Date: _____

Child Outcomes Review

☐ **Entry** ☐ **Annual** (optional) ☐ **Exit**

Tool Used: _____ Date: _____

1. Child has positive social relationships.
☐ 1. Not Yet ☐ 2. ☐ 3. Emerging ☐ 4. ☐ 5. Somewhat ☐ 6. ☐ 7. Completely
Progress made: ☐ Yes ☐ No

2. Child acquires and uses knowledge and skills.
☐ 1. Not Yet ☐ 2. ☐ 3. Emerging ☐ 4. ☐ 5. Somewhat ☐ 6. ☐ 7. Completely
Progress made: ☐ Yes ☐ No

3. Child takes appropriate action to meet his/her needs.
☐ 1. Not Yet ☐ 2. ☐ 3. Emerging ☐ 4. ☐ 5. Somewhat ☐ 6. ☐ 7. Completely
Progress made: ☐ Yes ☐ No

Team Members and Contributors

Printed Name and Role	Signature	Agency	Phone/e-mail
		Parents	
		Service Coordinator	
		Lead Agency Rep.	
		LEA Representative	

Parent Consent (Please check all that apply)

☐ I/We, as parent(s)/guardian(s), have had *Early On* and/or Special Education explained to me/us including my/our rights and the possibility of participation in an evaluation survey.

☐ I/We have helped to develop this plan. ☐ I/We understand and agree with its content. ☐ I/We agree to each of the services I/we have initialed.

☐ I/We have received a copy of the ☐ *Welcome to Early On® Guidebook* ☐ *Family Rights Guidebook*
☐ *The Individualized Family Service Plan Guidebook* ☐ *Transition Guidebook*
☐ *Procedural Safeguards for Special Education*

OR
☐ I/We do not agree with this IFSP or IEP.
☐ I/We decline *Early On* services.

Parent(s) Signature: Date:

Service Coordinator Signature: Date: