

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD - EARLY INTERVENTION



| NOTICE | OF AC1 | FION/CO | NSENT |
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|--------|--------|----------------|-------|

| NAME OF CHILD | | DATE OF BIRTH | | DATE COMPLETED | | | |
|---|---|----------------------------------|--------------------|----------------|---------|--|--|
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| INSTRUCTIONS | | | | | | | |
| Prior written notice mu obtained before certai | ust be provided to the parents of children in n actions are taken. | First Steps and v | written parental c | onsent mu | st be | | |
| The parent must sign information is included | and date the form and return it to the Servi d below. | ce Coordinator. T | he Service Coor | dinator con | tact | | |
| Section 1: Evaluation | | | | | | | |
| Action Proposed | Reason for the | Action | | Accept | Decline | | |
| Evaluation/Initial Assessment of the Child | | | | | | | |
| Ongoing Assessment of the Child | | | | | | | |
| Section 2: Early Inte | ervention (EI) Services | | | | | | |
| Action Proposed | | | | | | | |
| Initiation of EI Service(s) Discontinue EI Service(s) at IFSP Team Request | | | | | | | |
| Change in El | | | | 1 | | | |
| Service Type | Reason for the | Action | | Accept | Decline | | |
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| CONSENT | | | | | | | |
| I am aware of the serv | vices that are available to my child and fam | ily. | | | | | |
| I understand I must provide written consent before the action(s) I accepted can be provided to my child and family. I also understand my child and family will not receive any service I decline. | | | | | | | |
| PARENT SIGNATURE | | DATE OF PARENT SIGNATURE | | | | | |
| PRINTED NAME OF PAREN | Т | | | | | | |
| | | | | | | | |
| SERVICE COORDINATOR | | | | | | | |
| SERVICE COORDINATOR NAME AND ADDRESS SE | | SERVICE COORDINATOR PHONE NUMBER | | | | | |
| SIGNATURE OF AGENCY REPRESENTATIVE | | DATE RECEIVED BY AGENCY | | | | | |
| A copy of the Parental Rights Statement is enclosed with this notice. | | | | | | | |

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