
FORMS

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Alaska Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards

Introduction

The **Individuals with Disabilities Education Act (IDEA)** is a federal law that includes provisions for early intervention services for eligible infants and toddlers (ages Birth - 36 months) with disabilities and their families. These provisions are included under Part C of IDEA. These are described in federal regulations (34 CFR Part 303) and in the State of Alaska's policies and procedures.

In Alaska, the Part C system is called the **Early Intervention/Infant Learning Program (EI/ILP)**. The system is designed to maximize family involvement and ensure parental consent in each step of the early intervention process, beginning with initial referral and continuing through service delivery and transition.

The EI/ILP includes **procedural safeguards to protect the rights of parents and children**. Parents must be informed about these procedural safeguards as defined under federal regulations at 34 CFR 303.400-438, including dispute resolution options at 34 CFR 303.430-438, so that they can be actively involved and have a leadership role in the services provided to their child and family.

This parent rights document is an official notice of the procedural safeguards of children and families as defined under federal Part C regulations.

Additional information about child and family procedural safeguards is available through each Family Service Coordinator (FSC) and early intervention service provider that is involved in the provision of early intervention services.

Family Service Coordinators (FSCs), working with families, can suggest additional materials to help families understand their procedural safeguards under Part C. They can also suggest ways that you and other family members can be partners with professionals to help meet the developmental needs of your child.

Overview of Procedural Safeguards (Parent Rights)

Within the Alaska EI/ILP, you, as a parent, have the following rights:

- The right to a **multidisciplinary evaluation and assessment** followed by the development of an **Individualized Family Service Plan (IFSP)** at the initial IFSP meeting, within 45 calendar days from referral.
- The right to receive evaluation, assessment, IFSP development, family service coordination, and procedural safeguards at no cost to families.
- The right to receive an evaluation, if you request and provide consent for it, at any time.
- If eligible under Part C, the right to receive appropriate early intervention services for your child and family as addressed in an IFSP.
- The **right to refuse** evaluations, assessments, and services.
- The **right to be invited to and participate in all meetings** in which a decision is expected to be made regarding a proposal to change the identification, evaluation, or placement of your child, or the provision of appropriate early

intervention services to your child or family.

- The **right to receive timely written notice** before a change is proposed or refused in the identification, evaluation, or placement of your child, or in the provision of appropriate early intervention services to your child or family.
- The right to receive each early intervention service in **natural environments** to the extent appropriate to meet your child's developmental needs.
- The right to maintenance of the **confidentiality** of personally identifiable information.
- The right to obtain an initial copy of your child's **early intervention record** at no cost.
- The right to a copy of each evaluation, assessment, and IFSP which must be provided to you as soon as possible after each IFSP meeting.
- The right to inspect and review and, if appropriate, amend your child's records.
- The right to request **mediation** and/or an **impartial due process hearing** to resolve parent/provider disagreements.
- The right to file an administrative **complaint**.

In addition to the rights noted above, you are entitled to be notified of specific procedural safeguards under Part C. These rights are described below.



Native Language, where used to refer to people with limited English language skills, means the language normally used by you. When conducting evaluations and assessments of your child, native language means the language normally used by your child. When used with respect to a person who is deaf or hard of hearing, blind or visually impaired, or for a person with no written language, native language means the mode of communication that is normally used by that person (such as sign language, Braille, or oral communication).

Prior Written Notice

Prior written notice must be given to you within a reasonable time before an early intervention service provider proposes or refuses to initiate or change the identification, evaluation, or placement of your child, or the provision of appropriate early intervention services to your child and your family. The notice must be sufficiently detailed to inform you about:

- The action that is being proposed or refused by the early intervention services program (EIS program) or early intervention service provider.
- The reasons for taking the action.
- All procedural safeguards available under Part C.
- The state's mediation, state complaint, and due process hearing procedures, including a description of how to file a complaint and the timelines for those procedures.

The notice must be written in language understandable to the general public and provided in your native language, unless clearly not feasible to do so.

If your native language or other mode of communication is not a written language, the early intervention service provider shall take steps to ensure that:

- The notice is translated orally or by other means to you in your native language or other mode of communication;
- You understand the notice; and
- There is written evidence that the requirements described in these procedures have been met.

Parental Consent

Consent means:

- You have been fully informed of all information relevant to the activity for which consent is sought, in your native language;
- You understand and agree in writing to the carrying out of the activity for which your consent is sought;
- The consent describes the activity and lists the early intervention records (if any) that will be released and to whom; and
- You understand that the granting of consent is voluntary on your part and may be revoked at any time.

If you revoke your consent, it is not retroactive (it does not apply to an action that occurred before consent was revoked).

Your written consent must be obtained before:

- Administering a developmental screening to determine whether your child is suspected of having a disability.
- Conducting all evaluations and assessment of your child.
- Providing early intervention services to your child.
- Using public benefits or insurance or private insurance to pay for services.
- Sharing personally identifiable information about you and your child.

Your written consent must also be obtained before early intervention services are provided.

If you do not provide consent, no action will be taken to coerce (force) you. In other words, the Family Service

Coordinator (FSC), or early intervention service provider may not use the due process hearing procedures to challenge your refusal to provide consent.

The FSC, the early intervention service provider or appropriate qualified staff shall make reasonable efforts to ensure that you:

- Are fully aware of the nature of the evaluation and assessments or the services that would be available.
- Understand that your child will not be able to receive the evaluation and assessments or the services unless consent is given.

As the parent of a child eligible under Part C, you may determine whether your child or other family members will accept or decline any early intervention service(s) under this program. You may also decline such a service (except the administrative functions required under the regulations for Family Service Coordination) after first accepting it without jeopardizing other early intervention services under the EI/ILP.

“Appropriate early intervention services” are determined through the IFSP process. The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in the IFSP.

Federal Part C regulations
(<http://idea.ed.gov/part-c/regulations/1> or

<https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>)

define early intervention services as services that “are designed to meet the developmental needs of each child eligible under Part C and the needs of the family related to enhancing the child’s development.”

The following **definitions** are used in this section: (1) "Destruction" means physical destruction or removal of personal identifiers from information to ensure that it is no longer personally identifiable; (2) "Early intervention records", "Education record(s)" or "record(s)" means all records regarding a child that are required to be collected, maintained or used under Part C; and (3) "Participating agency" means any individual, agency, entity or institution that collects, maintains, or uses personally identifiable information to implement the requirements in Part C. A participating agency includes the state lead agency, each early intervention service provider that provides Part C services (including service coordination, evaluations and assessments and other Part C services). It does not include primary referral sources or public or private agencies that fund early intervention services.

Records

Confidentiality

In accordance with the confidentiality of information procedures outlined in this document, you must be given the opportunity to inspect and review any records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, provision of early intervention services, individual complaints concerning your child, and any other portion of the Part C program involving records about your child and your family.

Each early intervention service provider must give you the opportunity to inspect and review (during business hours) any records relating to your child or family that are collected, maintained or used by the EIS program or provider under

Part C from the point in time when your child is referred for early intervention services until the later of when the participating agency is no longer required to maintain or no longer maintains the information under applicable Federal and State laws. The early intervention service provider must comply with a request without unnecessary delay and before any meeting regarding an IFSP or hearing relating to identification, evaluation, placement, or provision of services for your child and family and, in no case, more than 10 calendar days after the request has been made. The opportunity to inspect and review early intervention records includes:

- The right to a response from the early intervention service provider to reasonable requests for explanations and interpretations of the record.
- The right to request that the early intervention service provider provides records containing the information and if failure to provide those copies would effectively prevent you from exercising the opportunity to inspect and review the records.
- The right to have someone who is representing you to inspect and review the record.

An early intervention service provider may presume that you have the authority to inspect and review records related to your child unless the EIS Program or provider has been provided documentation that you do not have the authority under applicable state law governing such matters as custody, foster care, guardianship, separation, and divorce.

Each early intervention service provider shall keep a written record of parties obtaining access to records collected, obtained or used under Part C (except access by parents and authorized employees of such EIS program or provider), including the name of the party, the date access was given, and

the purpose for which the party is authorized to use the child's record.

If any early intervention record includes information on more than one child, you may inspect and review only the information relating to your child, or you, or to be informed of that specific information.

Each early intervention service provider shall provide you, upon request, a list of the types and locations of early intervention records collected, maintained, or used by the EIS program or provider.

An early intervention service provider may charge a fee for copies of records that are made for you under Part C if the fee does not effectively prevent you from exercising your opportunity to inspect and review those records. However, they may not charge a fee to search for or to retrieve information under Part C. In addition, you must also be provided at no cost a copy of each evaluation, assessment of the child, family assessment, and the IFSP as soon as possible after each IFSP meeting.

If you believe that information in early intervention records collected, maintained, or used under Part C is inaccurate or misleading, or violates the privacy or other rights of you or your child, you may request the early intervention service provider that maintains the information to amend the information.

- Such EIS program or provider must decide whether to amend the information in accordance with the request within a reasonable period of time after it receives the request.
- If such EIS program or provider refuses to amend the information as you request, you must be informed of the refusal and be advised of the right to a hearing. The early intervention service provider must, on request, provide an opportunity for a hearing to challenge

information in early intervention records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of you and your child. You may request a due process hearing under Part C procedures or hearing procedures that are consistent with the Family Educational Rights and Privacy Act (FERPA) regulations at 34 CFR 99.22.

- If, as a result of the hearing, such EIS program or provider decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of you and your child, it must amend the information accordingly and must inform you in writing.
- If, as a result of the hearing, such EIS program or provider decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of you and your child, you must be informed of your right to place in the records of your child, a statement commenting on the information, and setting forth any reasons for disagreeing with the decision of the EIS program or provider.
- Any explanation placed in the records of your child under these procedures must be maintained by the early intervention service provider as part of the records of your child as long as the record or contested portion (that part of the record with which you disagree) is maintained by such EIS program or provider.
- If the records of your child or the contested portion are disclosed by such EIS program or provider to any party, your explanation must also be disclosed to the party.

Notice to Parents

EI/ILP must give notice when your child is referred under Part C of IDEA that is adequate to fully inform you about the requirements in confidentiality including:

- A description of the children on whom personally identifiable information is maintained, the types of information sought, the methods Alaska intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information;
- A summary of the policies and procedures that participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information;
- A description of all the rights of parents and children regarding this information, including their rights under the Part C confidentiality provisions; and
- A description of the extent that the notice is provided in the native languages of the various population groups in Alaska.

Personally identifiable information includes: 1) the name of your child, your name, or the names of other family members; 2) the address of your child or family; 3) a personal identifier such as your child's or your social security number; 4) other indirect identifiers, such as your child's date of birth, gender, place of birth, and mother's maiden name; 5) a list of personal characteristics or other information that would make it possible to identify your child with reasonable certainty; or 6) information requested by a person who the early intervention program reasonably believes knows the identity of your child.

Consent Prior to Disclosure

Parental consent must be obtained before personally identifiable information is:

- Disclosed to anyone other than officials of the EIS program or

provider in collecting, maintaining, or using information under Part C, unless authorized to do so under Part C (34 CFR 303.414) and FERPA (34 CFR 99.31); or

- Used for any purpose other than meeting a requirement under Part C.

Information from your child's early intervention record cannot be released by an early intervention service provider to other agencies without your consent unless the EIS program or provider is authorized to do so under FERPA. If you refuse to provide consent, the early intervention service provider implements procedures related to refusal, such as explaining to you how not providing consent affects the ability of your child to receive early intervention services, as long as the procedures do not override your right to refuse consent.

Under Part C, EI/ILP is required to release your child's name, gender and date of birth, and your contact information (including your names, addresses, and telephone numbers) without your consent to the state education agency (Alaska Department of Education and Early Development) and the local education agency (local school district) where your child resides if you do not opt out of that notification. This information is needed to identify all children potentially eligible for services under Part B of IDEA.

The following safeguards must be in place to ensure confidentiality of records:

- Each early intervention service provider must protect the confidentiality of personally identifiable information at collection, maintenance, storage, disclosure, and destruction stages.
- One official of each early intervention service provider is responsible for ensuring the confidentiality of any personally identifiable information.

- All persons collecting or using personally identifiable information must receive training or instruction regarding Alaska's Part C policies and procedures which comply with IDEA and FERPA.
- Each early intervention service provider must maintain, for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information.
- The early intervention service provider must inform parents when personally identifiable information collected, maintained, or used is no longer needed to provide services to your child or family under Part C, the GEPA provisions in 20 USC 1232f, and EDGAR, 34 CFR parts 76 and 80.
- Once the information is no longer needed for service provision to the child or family, the information must be destroyed at the request of the parents.

Permanent records of your child's name, date of birth, parent contact information (including address and phone number), names of service coordinator(s) (FSCs), and early intervention provider(s), and exit data (including year and age upon exit, and any programs entered into upon exiting) may be maintained without time limitations.

Dispute Resolution Procedures

If you have a concern about your child's early intervention program, please share it with the FSC or IFSP team as soon as possible. The EI/ILP encourages resolution of disagreements at the lowest level possible.

However, if a concern cannot be resolved informally, dispute resolution options are available.

If you disagree with an early intervention service provider on the identification, evaluation, placement of

your child, or provision of appropriate early intervention services to your child or family, you may request a timely resolution of your concerns.

The following are the three formal procedures available to you for dispute resolution. These include mediation, an impartial due process hearing and an administrative complaint.

About Mediators and Hearing Officers . . .

Mediators and due process Hearing Officers must be "impartial." Impartial means that the person appointed to serve as a Mediator or Hearing Officer: (1) Is not an employee of the state lead agency, early intervention service provider involved in providing early intervention services, other services, or care of the child; and (2) Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process. A person who otherwise qualifies as a Mediator or Hearing Officer is not an employee of the state lead agency, early intervention service provider solely because the person is paid by the agency or program to implement the mediation or due process hearing provisions.

Mediation

Mediation provides an opportunity for you to resolve a disagreement in a non-adversarial way. It is voluntary and must be freely agreed to by both parties.

The state lead agency may establish procedures to offer parents and early intervention service providers that choose not to use the mediation process an opportunity to meet, at a time and location convenient to you, with a disinterested party (impartial Mediator), who is under contract with a dispute resolution entity, or a parent training and information center or

community parent resource center in the State, to explain the benefits of, and encourage the use of, the mediation process.

Mediation must be completed in a timely manner following receipt by the state lead agency of a request for mediation and may not be used to deny or delay your rights to an impartial due process hearing or to deny any of your other rights under Part C.

The mediation will be scheduled in a timely manner and held in a location that is convenient to both parties. A qualified and impartial Mediator, who is trained in effective mediation techniques, will meet with both parties to help find a solution to the dispute in an informal, non-adversarial atmosphere.

The state lead agency maintains a list of qualified impartial Mediators who are knowledgeable of the laws and regulations relating to the provision of early intervention services for infants and toddlers with disabilities and their families.

Mediators must be selected on a random, rotational, or other impartial basis. The state lead agency is responsible for the cost of mediation including the costs of any meetings to encourage mediation.

If the disagreement is resolved through mediation, the parties must complete a legally binding agreement that describes the resolution and that states that all discussions that occurred during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings. The agreement must be signed by you and a representative of the state lead agency who has the authority to bind the agency. The written, signed mediation agreement is enforceable in any state court of competent jurisdiction or in a district court of the United States.

Mediation does not restrict you from requesting an impartial due process hearing at any time. You may simultaneously file a request for mediation and for an impartial due process hearing as described below.

Impartial Due Process Hearings

An impartial due process hearing is a formal procedure conducted by an impartial Hearing Officer and is an option for families seeking to file an individual complaint on behalf of their child.

The impartial due process hearing must be completed, and a written decision made, within 30 calendar days of the receipt of the request. (Mediation, if attempted, must occur within the same 30 calendar days.)

Hearing Officers are appointed to conduct due process hearings. Hearing Officers must have knowledge about the provisions of Part C and the needs of and services available for eligible children and their families and perform the following duties:

- Listen to the presentation of relevant information about the complaint, examine all information relevant to the issues and seek to reach a timely resolution of the complaint.
- Provide a record of the proceedings at the cost of the state, including a written decision.

Under Part C, you are given the rights listed below in any impartial due process hearing carried out under these procedures.

- To be accompanied and advised by counsel (at your expense) and by individuals with special knowledge or training about early intervention services for children eligible under Part C (at your expense).
- To present evidence and confront, cross examine, and compel the attendance of witnesses.
- To prohibit the introduction of any evidence at the hearing that has not

been disclosed to you at least five calendar days before the proceeding.

- To obtain a written or electronic verbatim (word by word) transcription of the hearing at no cost to you.
- To obtain written findings of fact and decisions at no cost to you.

The impartial due process hearing described in these procedures must be carried out at a time and place that is reasonably convenient to you.

No later than 30 calendar days after the state lead agency receives your complaint, the impartial due process hearing must be completed and a written decision must be mailed to each of the parties. The Hearing Officer may grant specific extensions of time beyond the 30 days at the request of either party. Any party not satisfied with the findings and decision of the impartial due process hearing has the right to bring a civil action in state or federal court.

During the pendency (time period) of any proceeding involving a due process complaint, unless the early intervention service provider and you otherwise agree, your child and family will continue to receive the appropriate early intervention services in the setting identified in the IFSP to which you have consented.

If the complaint involves an application for initial services under Part C, your child and family must be provided those services that are not in dispute.

Administrative Complaints

In addition to the mediation and due process hearing procedures listed above, an individual or organization including those from another state may file a written signed complaint against any public agency or private service provider, including any early intervention service provider that is violating a requirement of the Part C program. The state lead agency widely disseminates the state's complaint

procedures to parents and other interested individuals, including parent training and information centers, protection and advocacy agencies, and other appropriate entities.

The complaint must include:

- A statement that the lead agency, public agency, or early intervention service provider has allegedly violated a requirement of Part C.
- The facts on which the statement is based.
- The signature and contact information for the person filing the complaint.
- If alleging violations with respect to a specific child:
 - The child's name and address where the child resides.
 - The name of the child's early intervention services contract or early intervention service provider.
 - A description of the nature of the child's problem including facts relating to the problem.
 - A proposed resolution of the problem to the extent known and available at the time the complaint is filed.

Administrative complaints must be filed and received by the state lead agency within one (1) year of the alleged violation. The individual or agency filing the complaint must forward a copy of the complaint to the early intervention service provider serving the child at the same time the complaint is filed with the state lead agency.

Once the state lead agency has received the complaint, it has 60 calendar days to:

- Carry out an independent, on-site investigation, if the state lead agency determines that an investigation is necessary.
- Give the individual or organization filing the complaint an opportunity to submit additional information, either

orally or in writing, about the allegations in the complaint.

- Provide the agencies/providers with an opportunity to respond to the complaint, including at the discretion of the lead agency, a proposal to resolve the complaint and an opportunity for the all parties to engage in mediation.
- Review all relevant information and make an independent determination as to whether or not a violation of a Part C requirement has occurred.
- Issue a written decision to the person filing the complaint that addresses each allegation in the complaint and contains the findings of facts and conclusions as well as the reasons for the lead agency's final decision.

If the final decision indicates that appropriate services were not/are not being provided, the state lead agency must address:

- The failure to provide appropriate services, including corrective actions appropriate to address the needs of your child who is the subject of the complaint and your family (such as compensatory services or monetary reimbursement); and
- Appropriate future provision of services for all infants and toddlers with disabilities and their families.

The state lead agency must include procedures for effective implementation of the decision, if needed, including technical assistance activities, negotiations and corrective actions to achieve compliance.

If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, the state lead agency must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due

process action must be resolved within the 60 calendar day timeline and complaint procedures described in this document.

Complaints that have already been decided in an impartial due process hearing involving the same parties cannot be considered under this procedure. The state lead agency must notify the complainant that the hearing decision is binding.

A complaint alleging a public agency's or private service provider's (including an early intervention services EIS program or early intervention service provider) failure to implement a due process decision must be resolved by the state lead agency.

Surrogate Parents

The rights of children eligible under Part C are protected if:

- No parent can be identified;
- The early intervention service provider, after reasonable efforts, cannot locate a parent; or
- The child is a ward of the State of Alaska under the laws of the State.

An individual is assigned to act as a "surrogate" for the parent according to the procedures that follow.

These procedures include a method for determining whether a child needs a surrogate parent and making a reasonable effort to assign a surrogate to the child not more than 30 calendar days after determining the child needs a surrogate parent.

The following criteria are employed when selecting surrogates. Surrogate parents are selected by each early intervention service provider and must meet the following requirements:

- Has no personal or professional interest that conflicts with the interest of the child he or she represents.
- Has knowledge and skills that ensure adequate representation of the child.

- Is not an employee of any state agency; or an employee of any person providing early intervention services, education, care, or other services to the child or to any family member of the child. A person who otherwise qualifies to be a surrogate parent under these procedures is not an employee solely because he or she is paid by an early intervention service provider to serve as a surrogate parent.

When a child is a ward of the State of Alaska or placed in foster care, the early intervention service provider agency must consult with the public agency that has been assigned care of the child.

The surrogate parent has the same rights as a parent for all purposes under Part C.

System of Payment and Fees

The following Part C early intervention services are available at no cost to families:

- Implementing Child Find activities;
- Evaluation and assessment;
- Service coordination services;
- Administrative and coordinative activities related to the development, review and evaluation of IFSPs and interim IFSTs; and
- Implementation of procedural safeguards and the other components of the statewide system of early intervention.

The following functions and services are subject to a System of Payments for which co-payments, deductibles, or fees may be charged to families:

- Assistive Technology Service and Device;
- Audiology Services;
- Family education, counseling, and home visits;
- Health Services;
- Medical Services;

- Nursing Services;
- Nutrition Services;
- Occupational Services;
- Physical Therapy;
- Psychological Services;
- Social Work Services;
- Special Instruction;
- Speech and Language Therapy;
- Transportation and related cost of travel;
- Vision Services; and
- Other services as appropriate.

The following fund sources are accessed as part of the Alaska System of Payment and Fees policy:

- Public Health Benefits or Insurance (e.g., Medicaid, Denali KidCare);
- Private Health Insurance; and
- Family Fees

The Alaska DHSS EI/ILP gathers your income and expense information at intake when there are changes in your family income, size and or extraordinary expenses. This information is used to determine potential family resources, including private insurance, Medicaid, Denali KidCare, or other public insurance or benefits, that are available to pay for early intervention services and to document family monthly income and family size for determining the family's ability to pay. Your monthly income is determined by counting all family income before deductions for the calendar month including the date of services, whether earned or unearned from any source, including the fair market value of in kind payments, but excluding the Alaska Permanent Fund Dividend or non-taxable payments made under the Alaska Native Claims Settlement Act.

Your failure to provide the requisite income information and documentation results in the family being charged the full fee of the services. (34 CFR §303.521(a)(5))

Use of Medicaid, Denali KidCare or other Public Benefits or Insurance

You are not required to sign up for or enroll in public benefits or insurance (e.g., Medicaid, Denali KidCare) as a condition of receiving Part C early intervention services. Parent consent must be obtained prior to use of these benefits or insurance if you or your child is not already enrolled.

The Alaska EI/ILP or its EIS programs obtain parental consent, consistent with 34 CFR §§303.7 and 3030.420(a)(4), at the time of intake using the *Part C Early Intervention Consent to Bill Private Insurance and Medicaid* from prior to using your or your child's Medicaid, Denali KidCare, or other public benefits or insurance to pay for Part C service if that use would:

- Decrease available lifetime coverage or any other insured benefit for you or your child under that program;
- Result in the you paying for services that would otherwise be covered by the public benefits or insurance program;
- Result in any increase in premiums or discontinuation of public benefits or insurance for you or your child; or
- Risk loss of eligibility for you or your child for home and community-based waivers base on aggregate health-related expenditures.

If you do not provide consent, the Alaska EI/ILP still makes available those Part C services on the IFSP for which you have provided consent.

At intake, when consent is obtained for using Medicaid, Denali KidCare or other public benefits or insurance, the Alaska Early Intervention/Early Learning Program provides written notification to you. The notification includes:

- A statement that your consent is obtained under 34 CFR §303.414 before the EI/ILP or its EIS program discloses, for billing purposes, your child's personality identifiable information to the Division of Health

Care Services in the DHSS Services, which is responsible for the administration of the Alaska Medicaid and Denali KidCare programs;

- A statement of the no-cost protection provisions in 34 CFR §§303.520(a)(2) and that if you do not provide the consent under 34 CFR §§303.520(a)(2), the Early Intervention/Early Learning Program still makes available those Part C services on the IFSP for which you have provided consent;
- A statement that you have the right under 34 CFR §§303.414, to withdraw your consent to disclosure of personally identifiable information to the Division of Health Care Services in the DHSS, which is responsible for the administration of the Alaska Medicaid and Denali KidCare programs at any time;
- A statement that you do not incur costs such as co-payments or deductibles, as a result of participation in Medicaid. Denali KidCare or other public benefits or insurance program; and
- A statement that private insurance, with parental consent, is used as the primary insurance when children are dually enrolled in Medicaid, Denali KidCare or other public benefits or insurance and private insurance.

Use of Private Insurance

The DHSS EI/ILP and EIS Programs obtain your consent, consistent with 34 CFR §§303.7 and 303.420(a)(4), prior to using private insurance to pay for the initial provision of Part C services in the Individualized Family Service Plan. This includes the use of private insurance when such use is a prerequisite for the use of public benefits or insurance. Parental consent is also obtained each time consent for services is required under 34 CFR §§303.420(a)(3) due to an increase (in frequency, length, duration, or intensity) in the provision of

service in the child's Individualized Family Service Plan.

In accordance with 34 CFR§§303.520(b)(1)(ii), the EIS Program provides you a copy of Alaska's System of Payment and Fees policies whenever your consent is obtained in 6(a) above.

This includes:

- Potential costs that you may incur when using your private insurance include co-payments, deductibles, premiums, or other long-term costs such as the loss of benefits because of annual or lifetime caps under the insurance policy.
- The potential that the use of you private health care coverage/insurance may negatively affect the availability of health insurance to the child with a disability, you, or you family members covered under the policy and health care coverage/insurance may be discontinued due to the use of the insurance policy to pay for Part C early intervention services; or
- The potential that health care coverage/insurance premiums may be affected by the use of private insurance to pay for early intervention services.

Alaska has not enacted a statute regarding private health insurance coverage for early intervention services under Part C and, therefore, does not have all necessary protections in place that would eliminate the need for obtaining parental consent when using private insurance.

You are responsible for paying your insurance premiums.

For parents who have been determined unable to pay and who do not provide consent to use private insurance, the lack of consent cannot be used to delay or deny any Part C services. (34 CFR 303.520(c))

Co-payment and Deductibles for Private Insurance

If you provide consent to use your private insurance, you are responsible for paying co-payment and deductibles for services except for evaluation and assessments, which are covered by the Alaska Early Intervention/Early Learning Program, based on ability to pay.

Family Fees

A fee-for-service is charged to you for each session as determined by your ability to pay, not to exceed the cost of the service and factoring in any amount received from other sources for payment for that service.

The cost of each service session is based upon the most recent available DHSS EI/ILP cost study and rates established by Medicaid for occupational therapy, physical therapy, and speech and language services.

If you refuse to provide consent for the use of Medicaid, Denali KidCare, other public benefits or insurance, or private insurance, you will be charged a fee-for-service based on their ability to pay. If you have been determined as having an inability to pay, services are provided at no cost.

If you refuse to enroll in Medicaid, Denali KidCare or other public benefits or insurance, you will be charged a fee-for-service based on their ability to pay. If you have been determined as having an inability to pay, services are provided at no cost.

Ability to Pay and Inability to Pay

Ability to pay is defined as the amount you are able to contribute toward the full cost of early intervention services, as determined by your family size and family monthly income.

Inability to pay is defined as your inability to contribute any payment for services as determined by your family size and monthly income that is below 115% of the Federal Poverty Level.

The DHSS EI/ILP determines ability to pay and inability to pay at intake and when there are changes in family income, size and or extraordinary expenses by gathering income and expense information.

Sliding Fee Scale

Family fees, co-payment and deductibles can be adjusted based upon a schedule of sliding fees (see the sliding fee scale on the Alaska Early Intervention/Early Learning Program Payment Agreement form).

The schedule of sliding fees has been established based on the Federal Poverty Level Guidelines, incorporating family size and monthly income.

The scale requires that families at or above 250% of the Federal Poverty Level pay the full cost of the service, while families below 115% of Federal Poverty level do not pay fees. Families with income between these Federal Poverty Levels are assessed a fee-for-service in a progressive manner as income increases.

If you do not have private insurance, choose to not access private insurance, or have private insurance and your deductible has not been met, the sliding fee scale is applied to the total amount.

If you provide consent for use of private insurance, the sliding fee scale is applied to the portion not covered by your insurance.

You can request, in writing, a waiver to not pay adjusted fees, co-payments, or deductibles due to extraordinary expenses. Extraordinary expense may include expenses related to your child's disability, family medical/health care expense, or a catastrophic life event.

Procedural Safeguards

If you wish to contest the imposition of a fee, or Alaska's determination of your ability to pay, you may do one of the following:

- Participate in mediation;
- Request a due process hearing;
- Use any other procedure established by Alaska for speedy resolution of financial claims, provided that such use does not delay or your procedural rights under Part C, including the right to pursue, in a timely manner, the redress options described above.
- EI/ILP informs parents of these procedural safeguard options by including this information with this procedural safeguard notice to parents.

Contact Info

If you need more information about your procedural safeguards, contact your local Family Service Coordinator

Or

If you are planning to file a complaint, request mediation and/or a due process hearing, please contact the Alaska Early Intervention/Infant Learning Program at:

Alaska Early Intervention/Infant Learning Program

Department of Health and Human Services

550 West 8th Avenue
Anchorage, AK 99501

907-269-8442

1-877-HSS-FMLY (477-3659)
Outside Anchorage

Fax: (907) 269-3497

Parent Advocacy Resources:

Early Intervention/Infant Learning Program

550 West 8th Avenue
Anchorage, Alaska 99501
Phone: (907) 269-8442 in Anchorage
1-877-477-3659

Long Distance in Alaska
1-877-HSS-FMLY

Fax: (907) 269-3497

Website:

dhss.alaska.gov/dsds/Pages/infantlearning/default.aspx

Stone Soup Group

Phone: (907) 561-3701

Fax: (907) 561-3702

Website:

www.stonesoupgroup.org/

Center for Parent Information and Resources

Website:

www.parentcenterhub.org/resources/

Disability Law Center

Anchorage: (907) 565-1002

Juneau: (907) 586-1627

Fairbanks: (907) 456-1070

Toll Free: (800) 478-1234

The Governor's Council on Disabilities and Special Education

Anchorage: (907) 269-8990

Alaska Special Education Mediation Services

Toll Free: 1-800-580-2209

Fax: 1-406-863-9229



Place Provider Label with phone number here

Family: _____

Address: _____

City, State, Zip: _____

Child Name: _____

Child's DOB: _____

Prior Written Notice

Date: _____

Dear _____

The Alaska Early Intervention/Infant Learning Program (EI/ILP) is required to provide you with prior written notice of certain activities within a reasonable time. (303.421(b)(1)) These activities include: proposing or refusing to initiate services; evaluating or changing the eligibility of your child; and changing the location or amount of early intervention services your family receives.

This letter is to provide notice of the following: (check all that apply)

- Your child is eligible for services and a meeting is needed to develop your child's IFSP.
- Your child is not eligible for services.
- An IFSP meeting to review your child's IFSP is needed at which we may change an IFSP service, duration or frequency.
- A transition planning conference for your child is needed at which we may change an IFSP service, duration or frequency.
- Other (describe):

The reason this action(s) is being proposed is (include a description of information used to make this decision, such as screening results, evaluation/assessment procedures, reports, records, etc):

➤ Enter Text here

This notice includes a copy of the Alaska *Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards* document. As discussed in this information, you have the right to disagree with any of the recommendations being made. If a disagreement cannot be resolved at the local level you may choose any number of options as detailed on the *Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards* document.

Sincerely,

Name/Title

- A copy of the *Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards* document is attached to this notice. If you have any questions or do not understand your rights, please contact me.
- OR
- I have received a copy of the *Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards* document. This information has been explained to me and I understand it.

Initials of Parent(s)

Date

Note: Parent(s) to receive a copy of this form.



Place Provider Label with phone number here

Child Name: _____

Child's DOB: _____

Consent for Evaluation and/or Assessment

The Alaska Early Intervention/Early Learning Program (EI/ILP) is required to obtain your written consent before completing an evaluation to determine if your child is eligible for EI/ILP services and/or an assessment to determine if certain services are needed. For the evaluation or assessment, multiple methods will be used including evaluation tools, observations of your child, and gathering information from you, other family members, caregivers, medical and other professionals. The evaluation or assessment is at no cost to you. The results are kept in your child's early intervention record. No information about the evaluation and/or assessment will be shared with anyone or any agency outside of EI/ILP unless you provide written consent for it to be shared.

I understand that my consent is voluntary and that I can choose, at any time, not to have my child evaluated and/or assessed even after signing this form. I understand that if I choose not to consent to this evaluation and/or assessment, my child will not be evaluated and/or assessed. If I do not consent for an evaluation to determine initial or ongoing eligibility, my child will not be able to receive early intervention services under the EI/ILP program. If I do not consent for an assessment to determine if specific services are needed, my child will not be able to receive those services.

ACKNOWLEDGMENT AND STATEMENT OF CONSENT

Parent Initials

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I have received a copy of my rights and procedural safeguards under Part C of IDEA (*Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards*). These rights and procedural safeguards have been explained to me and I understand them.

I do I do not give my informed consent for EI/ILP to carry out the activity(s) described above.

| | |
|--------------------------------------|-------------|
| PRINT PARENT(S) NAME | |
| PARENT(S) SIGNATURE | DATE |
| RECEIVED BY NAME/TITLE/AGENCY | DATE |

Attachment: *Early Intervention/Infant Learning Program Parent Rights and Procedural Safeguards*

Note: *Parents are to receive a copy of this form and a signed copy is to be included in the child's early intervention record.*



Alaska Early Intervention / Infant Learning Program
Individualized Family Service Plan (IFSP)

Section 1 – Referral Information

Referral information

Child's First Name: _____ Last Name: _____

Child Previous Name or Alias: _____

Gender: Female Male Birth Date: _____

Referral Date: _____ 45-Day Deadline: _____

Referral Source: _____ Phone: _____

Referral Source Follow Up Date: _____ letter call

If parent is referral source, how did parent hear: _____

Reason for Referral: Eligibility Unknown Suspect non-Part C Eligibility Suspect Part C Eligibility

Referral Notes (include any important notes):

Child Living Situation: _____

Parent/Guardian Information (primary contact)

Name: _____ Relationship: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____ Cell/Other Phone: _____

Email Address: _____

Additional Contact Name: _____

Family Service Coordinator Name: _____ Phone: _____

Name of person completing Referral Form: _____

Office Use Only:

| | | |
|---|--|--|
| <input type="checkbox"/> Referral Disposition: <input type="checkbox"/> Schedule Screen | <input type="checkbox"/> Screen Pending/Family Reasons | <input type="checkbox"/> Schedule Multidisciplinary Evaluation |
| <input type="checkbox"/> Evaluation Pending/Family Reasons | <input type="checkbox"/> Schedule IFSP Meeting | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Lost to Follow Up | <input type="checkbox"/> Decline Further Services | |



Section 2 – Child Information at Intake (complete within 45 days of referral)

Intake Date: _____ Person(s) completing intake: _____

Languages in Home: Primary _____ Other _____

Need for Interpreter Yes No Type of interpreter needed: _____

Child Ethnicity – Hispanic Yes No

Child Race (list all that apply): American Indian or Alaska Native Black or African American

Asian Hawaiian or Other Pacific Islander White

Child typically spends the day with: _____

Child in Child Care Yes No Child Care Provider or Center: _____

Other family members in the household:

Name/relationship: _____ Age: _____

Name/relationship: _____ Age: _____

Name/relationship: _____ Age: _____

Name/relationship: _____ Age: _____

Other Important person/people in child's life: _____

If Child a ward of the state:

Surrogate Parent Name: _____ Phone: _____

OCS Social Worker Name: _____ Phone: _____

Insurance Information

Insurance Type (check all that apply):

Private Insurance Self Pay SSI Medicaid/DKC/TEFRA
 IHS HCPCSN TRICARE HCB Waiver

Insurance Provider: _____

Insurance Provider Address: _____

Insurance Group Number (if applicable): _____

Medicaid Number (if applicable): _____

Child Social Security Number (if applicable): _____

Payment Agreement Completed Yes No

Parent has signed ILP Consent to Bill form Yes No

Child Name: _____

Child Physical Health/Medical Information

Primary Provider Type (Medical Home):

- Community Health Aide
 Family Practitioner
 No Medical Home
 Nurse Practitioner
 Other _____
 Pediatrician
 Physician Assistant
 Public Health Nurse

Primary Provider Name: _____ Primary Provider Phone: _____
 Primary Provider Address: _____ City: _____ State: _____ Zip: _____

Gestational Age: _____ Birth Weight: _____

Did your child fail the newborn hearing screen? Yes No

Medical Diagnosis (list all that apply):

Medical Diagnosis verified by Doctor Report Yes No
 Current Medical Records reviewed Yes No

| Child Physical Health/Medical Information (Health Concerns) | Source (Screen, medical report, or parent report) | Date (of source, last screen or report) | Describe Concerns or needs (include NA if no concerns) |
|---|---|---|--|
| Vision | | | |
| Hearing | | | |
| Immunization | | | |
| Dental | | | |
| Behavioral health | | | |
| Medication(s) | | | |
| Nutrition | | | |
| Other | | | |

Tell us about your pregnancy; did you experience any challenges?

Are there things (environmental or biological risk factors) that you're concerned might affect child's health or development?

Would you like more health and/or child development information? Yes No (If yes, please list):

Child Name:

Section 3.1 – Eligibility Evaluation Summary (complete within 45 days of referral)

Narrative Summary and Recommendations (Evaluation Notes)

Date: _____

| Developmental Skill Area (Domains) | Tool: | Tool: | Tool: |
|---------------------------------------|------------|------------|------------|
| | Child Age: | Child Age: | Child Age: |
| | Score | Score | Score |
| Adaptive (self help) | | | |
| Cognitive | | | |
| Communication - Receptive | | | |
| Communication - Expressive | | | |
| Fine Motor | | | |
| Gross Motor | | | |
| Social Emotional | | | |
| Other | | | |

Report Preparer Name: _____ Signature: _____

Office Use Only:

- | | | |
|---|--|--|
| <input type="checkbox"/> Enroll | <input type="checkbox"/> Continue Enrollment | <input type="checkbox"/> Enrollment Pending/Family Reasons |
| <input type="checkbox"/> Schedule Repeat Evaluation | <input type="checkbox"/> None – Within Normal Limits | <input type="checkbox"/> Lost to Follow Up |
| <input type="checkbox"/> Decline Further Services | <input type="checkbox"/> Deceased | <input type="checkbox"/> Waiting for Services |
| | | <input type="checkbox"/> Exit |

Child Name: _____

Section 3.2 – Eligibility Determination for Part C Services (complete within 45 days of referral)

Date of Determination: _____

Child is **eligible for Part C** Services Parent initial: _____ Date: _____
(check one or more below and describe reason for determination under Narrative Summary above)

- Developmental Delay** of at least 50% in one or more developmental domain.
- Diagnosed Medical Condition** that is likely to result in a 50% delay.
- Informed Clinical Opinion** The IFSP team believes this child has at least a 50% delay in one or more developmental domains without evaluation scores to support it.

- Child is **eligible for Non-Part C** Services as funding permits. Parent initial: _____ Date: _____
- Child is **not eligible** for Early Intervention Services. Parent initial: _____ Date: _____
- Child is **eligible and I decline** services. Parent initial: _____ Date: _____
The benefits of early intervention have been explained to me.

Multidisciplinary Evaluation Team Signature

(The IFSP multidisciplinary team must include the parent and at least two individuals from separate disciplines or professions, and one of these individuals must be the service coordinator.)

| Multidisciplinary Evaluation/Assessment Team and or Resources | | | |
|---|--------------|------------------------|------|
| Discipline | Printed Name | Signature (if present) | Date |
| | | | |
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Family Rights

Alaska's Early Intervention/Infant Learning Program has prepared a resource for all parents & guardians of infants and toddlers with disabilities regarding their family rights to special needs services under the Individuals with Disabilities Education Act (IDEA). Your Early Intervention/Infant Learning Program provider will help you understand these rights. Please take a moment to review these rights in the Alaska Early Intervention/Infant Learning Program Child and Family Rights Booklet with your provider at this time.

Child Name: _____

Section 4 – Family Assessment: Concerns, Priorities and Resources (start within 45 days)

Using the information from the family assessment, list the family's main concerns and priorities (items to address in IFSP goals) for the child and family. *Please note "family declines" if the family does not want to participate in a Family Assessment.*

Using the information from the ecological map, RBI or other family assessment tool, list the family supports and resources.

Section 5.1 – Summary of Child’s Present Abilities, Strengths and Needs

(To be completed within 90 days of enrollment, at annual IFSP and within 90 days of exit.)

All developmental domains (*Adaptive, Cognitive, Communication, Fine and Gross Motor, and Social Emotional*) should be considered when describing the child’s current functional behaviors in the following areas.

What are the child’s abilities, strengths and needs pertaining to social emotional skills, including positive social relationships?

What are the child’s abilities, strengths and needs pertaining to acquiring and using knowledge and skills?

What are the child’s abilities, strengths and needs pertaining to taking appropriate actions to meet needs?

Section 5.2 – Child Outcome Summary Ratings

Rating Date: _____ (To be completed within 90 days of enrollment, at annual IFSP and within 90 days of exit. Note: for an infant enrolled before 3 months of age, the initial rating may be completed no later than six months of age)

| Sources of supporting evidence <i>(Choose all that apply)</i> | Date | Description/comments |
|--|------|----------------------|
| Anchor Tool | | |
| Other Assessment Tool(s) | | |
| Evaluation Report(s) | | |
| Parent Report/Interview | | |
| Observation(s) | | |

To what extent does the child show age appropriate functioning in each of the following outcome areas across a variety of settings and situations? *(Please refer to Section 5.1 Summary of Child's Present Abilities, Strengths and Needs to inform the ratings).* Use the rating scale below

1. Positive social-emotional skills

Rating:

2. Acquiring and using knowledge and skills

Rating:

3. Taking appropriate actions to meet needs

Rating:

Rating scale: not yet <emerging emerging <somewhat somewhat <completely completely

Outcome Progress

Has the child shown any new skills or behaviors related to the three outcome areas below, since the last child outcome summary?

1. Positive social-emotional skills

Yes

No

2. Acquiring and using knowledge and skills

Yes

No

3. Taking appropriate actions to meet needs

Yes

No

Describe progress since last rating:

| Name of persons involved in child outcome rating | Role |
|--|------|
| | |
| | |
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Child Name:

Section 6.1 – IFSP Goals for CHILD (start within 45 days)

IFSP Goals are based on the child's needs/interests and family routines and priorities. Goals must be written in the primary language that is understood by all IFSP team members, including the family.

Goal # ____ Date: _____

Child Outcome: Social-Emotional Skills Acquiring Knowledge & Skills Taking Action to Meet Needs

What the IFSP team would like the child to be able to do in the next few months (Functional, achievable, and meaningful).

How will we know we've achieved the goal? (Measurable/Criteria: Progress statement must be measured within the context of everyday learning activities.)

To achieve this, we will? (Strategies to take place in the context of everyday routines)

Who will be helping achieve this goal?

How did we do? (Progress Statement – Check appropriate box)

| Date | Achieved | Continue | Revise | Discontinue | Comments |
|------|----------|----------|--------|-------------|----------|
| | | | | | |
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Section 6.2 – IFSP Goals for FAMILY (start within 45 days)

Family goals are based on your concerns and what your family would like to work on. Think back to the list of concerns you expressed for your family and child. The following goal(s) will help us decide what services and strategies are needed to help you address your main concerns.

Goal # _____ Date: _____

What do you want to accomplish in the next few months with your child or family.

How will we know we've achieved the goal? (Criteria/Measurable statement)

To achieve this, we will? (What will happen or supports are needed to help your family achieve the goal.)

Who will be helping achieve this goal?

How did we do? (Check appropriate box)

| Date | Achieved | Continue | Revise | Discontinue | Comments |
|------|----------|----------|--------|-------------|----------|
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Parent/Guardian Decline Recommended Services

I decline the following recommended services:

| Early Intervention Service | Parent Initial | Date |
|----------------------------|----------------|------|
| | | |
| | | |

IFSP team justification as to why the following services are not in the natural environment:

| Service | Location | Justification |
|---------|----------|---------------|
| | | |
| | | |
| | | |
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Strategies to move toward providing Service(s) in everyday routines, activities, and places:

Large empty rectangular box for writing strategies.

Section 8.1 – Transition Plan

Date of Child's 3rd Birthday: _____

Date of this Transition Plan: _____ Transition Conference Due Date: _____

| Age | Transition Planning Activity (Recommended priorities and goals for child's transition) Indicate "NA" for activities not applicable for individual child/family transition. | Person(s) Responsible | Due Date | Date Completed |
|--------------|---|-----------------------|----------|----------------|
| By 27 months | <ul style="list-style-type: none"> • Provide notification information to parent/guardian. • Obtain opt out form if parent/guardian opts out of notification to local school district. | | | |
| 24-30 months | <ul style="list-style-type: none"> • Introduce Steps Ahead booklet. • Discuss potential service settings. • Explain parent/guardian rights and procedural safeguards. • Obtain parental consent to invite staff/people as appropriate (preschool special education, child care, Head Start, etc) to Transition Conference meeting. • Complete referral/applications as appropriate (preschool special education, child care, Head Start, etc). | | | |
| 30-33 months | <ul style="list-style-type: none"> • Schedule and hold Transition Conference. • Schedule or complete necessary evaluations. • Schedule family visits to new setting (preschool special education, child care, Head Start, etc) if possible. • Provide current IFSP, evaluation reports and progress notes to transition planning team, with signed parent consent/release of information. | | | |
| 33-36 months | <ul style="list-style-type: none"> • Attend eligibility meeting upon invitation, assist in determining eligibility as necessary. • Decide on placement/program and start date for child. • Attend IEP meeting upon invitation if going on to special education setting. • Complete activities/visit to prepare child for transition. • Complete exit summary | | | |

Notes:

Section 8.2 Transition Conference

The purpose for this meeting is to discuss what is important to you and your child in a new setting, identify goals to prepare your child for transition and gather additional helpful information.

Date of Child's 3rd Birthday: _____ Meeting Date _____

Was the transition conference held at least 90 days prior to child's 3rd birthday? Yes No

If No, indicate category and provide explanation.

- Provider circumstances Family circumstances ILP agencies circumstances

Options for placement/program/services (Head Start, Special Education Preschool, etc):

Summary of current services and needs:

| Next Steps (How we will prepare for transition to the next placement) | Person(s) Responsible | Start Date | Date Completed |
|---|--|-------------------|---------------------------------|
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Section 9 -- IFSP Meeting Signatures

The IFSP must be reviewed at least every 6 months and revised annually. Document progress in achieving outcomes based on current assessment information. IFSP Meeting Participants must sign this signature page.

| IFSP Meetings | Projected Date |
|-----------------------------------|----------------|
| Six Month IFSP Review Date: | |
| Annual IFSP Renewal Date: | |
| Transition Planning Meeting Date: | |

Date of this IFSP Meeting: _____

Type of IFSP Meeting: interim initial 6 month review annual periodic revision transition

Consent by Parent/Guardians for Provision of Services

I give informed consent for this Individualized Family Services Plan (IFSP) to be carried out as written.
 Parent/Guardian Initials _____ Date: _____

| Printed Name | Signature (if present) | Role/Title | Phone or Email Contact <i>(optional)</i> |
|--------------|---------------------------|------------|---|
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Alaska Early Intervention/Infant Learning Program
LEA Notification and Invitation to the Transition Conference

To: (LEA) Preschool Special Education Coordinator/Contact)

From: (Family Service Coordinator/EI ILP Program Director)

Date: _____

The purpose of this notification is to inform you that _____, a toddler receiving services from the Alaska Early Intervention/Infant Learning Program (EI/ILP) will shortly turn three and is potentially eligible for special education services. As required by IDEA, this notification constitutes a referral to special education.

| | | |
|-------------------------------|------------|-------------|
| Child: | BD: | Age: |
| Parent(s): | | |
| Parent(s) Phone(s): | | |
| Parent(s) Address(es): | | |

This is also an invitation to attend the Transition Conference for _____. The meeting will be held at:

Date: _____

Time: _____

Address:

() The child's parents have chosen not to convene a transition conference.

The goal of the Transition Conference is to begin coordinating activities that will facilitate the transition process. While I will do my best to find a mutually agreeable time and date for the Transition Conference, EI/ILP policies and procedures, in accordance with IDEA regulations, require that the Transition Conference occur no later than 90 days before a child's third birthday regardless of whether a school district is able to attend. Therefore, in order to meet our requirements, this meeting must be held before _____. Please contact me to confirm your attendance and/or to reschedule.

Family Service Coordinator Name: _____

Family Service Coordinator Phone Number: _____

Family Service Coordinator Email: _____