

WYOMING EARLY INTERVENTION AND EDUCATION PROGRAM (EIEP)

SIGNATURE PAGE*

Student Name:
Agency:

DOB:
Date:

Yes No

- ▶ I/We have received a copy of and understand the parent and child rights.
- ▶ This plan reflects the outcomes that are important to my child and family.
- ▶ I/We give consent for the services described in this IFSP for my child and family.
- ▶ I understand that this plan will be shared with all team members listed below so we can work in partnership on behalf of my child and family.
- ▶ I/WE have been given a copy of the Wyoming Department of Health Notice of Privacy Practice.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date Reviewed

We have worked together with the family to create this Individualized Family Service Plan and agree that this plan will guide our work.

OTHER IFSP TEAM MEMBERS NAMES & SIGNATURES

Date

Service Coordinator:	
Team Member:	