



BabyNet
South Carolina's Early Intervention System

BabyNet IFSP Consent and Team Signatures



Child's Name:		DOB
BRIDGES ID #		MEDICAID #
Meeting Date:	Type of IFSP: <input type="checkbox"/> Initial IFSP <input type="checkbox"/> Change Review <input type="checkbox"/> Six Month Review <input type="checkbox"/> Annual Evaluation of IFSP	
IFSP Team Meeting Notes		

Parent Acknowledgements and Consents					
Yes	No				
		I have received a copy of my rights under Part C of IDEA (<i>Notice of Child and Family Rights in the BabyNet System</i>) and these have been explained to me along with this IFSP.			
		I understand that I will receive a copy of this IFSP, the results of any screenings, evaluations, and/or assessments conducted for this IFSP, and a copy of this signature page.			
		My consent is voluntary and based on my understanding of the activities, which have been explained to me in my native language or mode of communication.			
		I understand that my consent remains in effect until the next IFSP Review or Annual IFSP and that I may revoke my consent in writing, at any time.			
		I understand that I may decline a service or services without jeopardizing any other BabyNet service(s) my child or family receives.			
		I have participated in the development of this plan, and give informed consent for BabyNet to carry out the activity/activities on this IFSP			
		I understand that my IFSP will be shared among the BabyNet Service Providers implementing this IFSP, others I may identify, and entities within the system per federal reporting requirements.			
Signature of Parent/Guardian(s) and Relationship:					Date:
Signature of Parent/Guardian(s) and Relationship:					Date:
Signature of Other IFSP Team Members					
Method Codes: A=Attended, P=Phone, E=Written Evaluation Only (not for ongoing service providers)					
Signature/Name	Role	Agency (if applicable)	Method	Code	Date
	BN Service Coordinator				