



Contact Information	Child's Information
Early Intervention Entity	Child's Name _____ DOB _____ Parent/Legal Guardian _____ _____ Address _____ City, State, Zip _____ Telephone _____ E-Mail Address _____
Special Education Administrative Unit (AU) School District/BOCES (Board of Cooperative Education Services)	

Informed Consent for Acceptance of Extended Part C Option

_____ (Parent Initials) I have reviewed the document "A Look at Your Rights and Options after Your Child Turns Three" and I understand it.

<p>I choose for my child to stay in Early Intervention with an Individualized Family Service Plan (IFSP) after my child's third birthday until the start of the school year following my child's third birthday.</p> <p>I choose to delay implementation of my child's Individualized Education Program until the start of the school year following my child's third birthday.</p> <p>I understand that I can discontinue all Early Intervention services for my child at any time.</p> <p>I understand that choosing the Part C Extended Option is a one-time election. Once my child has exited Early Intervention after turning three, he/she is no longer eligible to receive Early Intervention through an IFSP. If, after choosing the Extended Part C Option, I decide to end IFSP Services prior to the beginning of the school year, I will contact the Early Intervention Entity listed above with my decision.</p> <p>I agree to allow Early Intervention and my School District/BOCES to share this information.</p> <p>_____</p> <p>Signature of Parent/Legal Guardian _____ Date</p>
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Date Sent by EI Entity to AU: _____

Sent By (Name & Title): _____

OR

Date Sent by AU to EI Entity: _____

Sent By (Name & Title): _____