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| *North Carolina Infant-Toddler Program* |       |
| *Declining Early Intervention Services* |
| **Child’s Name:** |       |  | **Date of Birth:** |       |

(Complete Applicable Section)

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| **Declining Enrollment in the North Carolina Infant-Toddler Program** |
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| [ ]  | I understand that my child is eligible for the North Carolina Infant-Toddler Program, and has a right to obtain early intervention services as outlined in an Individualized Family Service Plan (IFSP). I decline to proceed with IFSP development at this time. I understand that I may reconsider this decision and that my child can be re-referred to the program before his or her third birthday. |
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| [ ]  | I have received a copy of my rights under Part C of IDEA, the North Carolina Infant-Toddler Program Notice of Child and Family Rights. My rights have been explained to me and I understand them. |
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|  |       |  |       |  |
|  | Parent Signature |  | Date |  |
|  |  |  |  |  |  |

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| **Declining All Services and Exiting Enrollment in the North Carolina Infant-Toddler Program** |
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| [ ]  | I understand that my child is eligible to receive all of the early intervention services listed on the Individualized Family Service Plan (IFSP) which was developed or reviewed on      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I decline for my child to continue enrollment and receive services through the North Carolina Infant-Toddler Program at this time. I understand that I may reconsider this decision and that my child can be re-referred to the program before his or her third birthday. |
|  |  |  |  |  |
| [ ]  | I have received a copy of my rights under Part C of IDEA, the North Carolina Infant-Toddler Program Notice of Child and Family Rights. My rights have been explained to me and I understand them. |
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|  |       |  |       |  |
|  | Parent Signature |  | Date |  |
|  |  |  |  |  |  |