



Parent Participation Agreement

- Entrance to program (initial)
- Annual IFSP review

This agreement outlines family participation rights and responsibilities in First Connections, early intervention (EI).

Early intervention under the Individuals with Disabilities Education Act (IDEA) supports parents and other caregivers in helping infants and toddlers experiencing a developmental delay by providing parent training, consultation, and support to meet family-identified goals for the child's early learning and development. The IDEA outlines seventeen (17) different early intervention services available to families of eligible children if those services are deemed necessary to support the family in implementing their IFSP. Early intervention (EI) services on an IFSP are provided at no cost to families of eligible children by highly qualified professionals through a team approach which may include developmental therapists, occupational therapists, physical therapists, and speech-language pathologists as well as other specialists.

Parent Obligation to Participate in Team Meetings and Program Planning:

- I understand that as the expert on my child and family, I am an equal partner on the EI team. I will be involved and supported in setting learning goals for my child, choosing IFSP team members, and working with my child to implement learning strategies on our family plan, the IFSP.
- I understand that I will be expected to participate in all team meetings to develop and monitor my child's progress toward achieving goals on our Individualized Family Service Plan (IFSP).

Obligation for Parent Consultation and, Training and Parental Involvement in Teaching Their Child:

- I understand that services will occur within typical family activities in home or other community settings.
- I understand that I (or an adult I identify) will be expected to participate in intervention sessions at home or a community setting. I/we agree to work with our EI provider (therapist) on strategies to carry over into typical daily activities so my child has multiple opportunities to practice to develop skills necessary for active participation.
- I agree to participate in my family service sessions to the best of my ability and assist others who spend time with my child to implement learning activities and strategies within my child's typical activities.

Data Collection Requirements:

- I understand that staff will be collecting data on my child's progress and sharing this information with me.
- I will allow this data collection to occur and will participate as requested in the process.

Participation in Quality Assurance Measures:

- I have been informed that the State of Arkansas has Quality Assurance measures to ensure that my child's program is carried out according to IDEA requirements and First Connections guidelines and will participate in a quality monitoring interview and/or survey if asked to ensure quality services.

Participation in Accountability Measures (Outcomes):

- I understand the State of Arkansas has requirements built into the program to monitor the effectiveness of EI services. I agree to participate in assessing my child's progress and to allow my child to be assessed and evaluated to provide accountability measures (parent consent is always required for evaluation/assessment).

Transition upon Completing the First Connections Program:

- I understand that when my child completes the program, he/she will be exited from this program. My child may also transition into other appropriate educational services and community programs, if eligible.
- I will participate in the transition planning process (transition plan, transition conference).

I agree to enroll and participate

I decline enrollment in Part C*

Parent/guardian electronic signature

date

I understand that if I decline enrollment and participation, I have other options for early learning services, but these services will not be covered by Part C funding or federal regulations under IDEA* [attach decline enrollment form]. If I agree to participate and, once enrolled, choose not to be an active member of my child's intervention team and participate, my family's services may be terminated. My selection and signature above verifies that a representative has gone over this form with me and that I have been informed of my parental rights and responsibilities and have also completed the decline form to review and sign. I have been informed that if I reconsider my decisions, I may return to Part C any time prior to my child's third birthday.

Service Coordinator or Part C Program Representative's Signature

Date signed

My signature verifies that I have reviewed the content of this agreement with the parent/guardian and answered any questions.

Name of child: _____

Date of birth: _____