



# Parent Participation Agreement

Entrance to program (initial)

Annual IFSP review

The purpose of early intervention under Part C of IDEA is to:

- ✓ Enhance the development of infants and toddlers with developmental delay/disability
- ✓ Reduce educational costs by minimizing the need for special education services
- ✓ Minimize likelihood of institutionalization and maximize independent living
- ✓ Enhance the capacity of families to meet their child's developmental needs

This agreement outlines parental obligations and responsibilities for family participation in the First Connections Early Intervention (EI) Program.

**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 in setting learning goals for my child, choosing IFSP team members, and working with my child to implement learning strategies.
- 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 the Individualized Family Service Plan (IFSP).

**Obligation for Training:**

- I understand that services will occur within typical family activities in home or other community settings.
- I (and/or other adults involved with my child whom I select) will work with my child's therapist on activities to carry over in our typical daily activities so that my child has multiple opportunities to practice to develop skills necessary for active participation in his/her typical activities.

**Parental Involvement in Teaching Their Child:**

- I understand that I (or another adult that I identify as part of our intervention team) will be expected to participate in my child's intervention services so that I can use learning strategies between sessions.
- I agree to participate in my child's therapy services to the best of my ability and assist others working with my child to implement learning activities and strategies within my child's typical activities.

**Data Collection Requirements:**

- I understand that the staff working with my child will be collecting written 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 data collection 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.
- I agree to participate in interviews and home visits by staff of First Connections as required to meet goals on our IFSP.

**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).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*I understand that if I choose to not be an active member of my child's intervention team and meet First Connections participation requirements, my child's services may be terminated. My signature below verifies that I have been informed of my parental obligations and responsibilities and that I agree to participate to the best of my ability.*

\_\_\_\_\_  
Service Coordinator's Signature

\_\_\_\_\_  
Date

*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: \_\_\_\_\_