# **Section 8: Prior Written Notice and Consent for El Services**

## **Parent Consent**

I agree to the provision of these Early Intervention services described in this IFSP. I participated in the development of this IFSP and have been fully informed and understand all information related to the provision of Early Intervention services described in this IFSP. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

Waiver of Timeline (optional) I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning an El sen				
	Initials of parent(s)	Date		
Parent name	Parent s	signature	Date	
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