

Child's name:

My signature below indicates that I have received a copy of the Early Intervention Family Orientation Guide which is meant to orient me to early intervention services through Montgomery County Board of DDS. My signature also indicates that I have received a copy of my **Parent Rights in Ohio's Early Intervention System and Procedural Safeguards in Ohio's Early Intervention System as this information is available in the notebook**. I understand I can access another copy of these rights and procedural safeguards at any time by requesting them from an early intervention service provider at Montgomery County Board of DDS.

Parent/Legal Guardian's Signature

Date of Signature