

ACKNOWLEDGEMENT OF CHILD AND FAMILY RIGHTS BOOKLET

Child's Name: _____ Date of Birth (*mm/dd/yy*): _____ I-TEAMS ID: _____

My Service Coordinator offered me a copy of the Child and Family Rights in the Arizona Early Intervention Program (AzEIP).

Yes No

The contents of the Child and Family Rights in AzEIP have been fully explained to me.

Yes No

I understand my rights as they have been explained.

Yes No

If any of the above is marked no, my Service Coordinator and I have discussed the plan to ensure I am fully informed of my rights. The plan and timeline is documented here:

Action Step	Due Date

If I have a question about my rights within AzEIP, I can contact my Service Coordinator or their Supervisor at:

Service Coordinator's Name: _____

Service Coordinator's Phone: _____ Service Coordinator's E-mail: _____

Program Director/Supervisor's Name: _____

Supervisor's Phone: _____ Supervisor's E-mail: _____

I may also contact the AzEIP Office by phone at (602) 532-9960 or toll-free (844) 770-9500, through the AzEIP website at <https://des.az.gov/services/disabilities/developmental-infant> or by mail:

Arizona Early Intervention Program (AzEIP)
PO Box 6123 MD 2HP1
Phoenix, AZ 85005-6123

Parent (IDEA Parent) Signature: _____ Date: _____

Service Coordinator Signature: _____ Date: _____