



Alachua County Public Schools
Early Intervention Services
Head Start /VPK

Denial of Consent for Mental Health and Disability Services

As parent or legal guardian of _____
(Child's Name)

by signing this document, I understand that I am electing for my child not to be referred or receive *Early Intervention* services from the programs listed below. It has been explained to me and I understand that the services which have been recommended to help my child will be provided for my child without cost to me.

I accept the consequences of this action to deny my child the benefit of *Early Intervention* services and in no way hold Head Start responsible for any future problems that may result from my child not receiving the recommended *Early Intervention* services.

I further understand that my child may be placed at risk to develop to his/her fullest (developmental, academic and social) potential for school readiness as a result of him/her not receiving the recommended services. Furthermore, I will not hold Head Start responsible if I change my mind and I am unable to receive an *Early Intervention* referral or services for my child in a timely manner.

- Florida Diagnostic & Learning System
- Pre-K Services ESE (IEP, Speech & Language, Direct Instruction, etc.)
- Florida Mentor
- Meridian

Signature: _____ Date: _____

Witness by:

Signature: _____ Date: _____

Reason for Denial: _____

Center: _____ Teacher: _____