

MONTGOMERY COUNTY
EARLY INTERVENTION PARTNERSHIP AGREEMENT

Revised 1/12/15

...I will...

- ✓ Be present and involved in each home visit.
- ✓ Tell the teacher or therapist when his/her ideas do not fit into our daily routines and lifestyle.
- ✓ Agree to discuss any problems before requesting a change in my child's teacher or therapist(s).
- ✓ Help come up with ideas to use at home and in our neighborhood.
- ✓ Practice the strategies suggested by the teacher or therapist during the session.
- ✓ Ask questions.
- ✓ Invite brothers, sisters, and other important people in our life to "join in" the home visits.
- ✓ Have the TV off, and will not use our phone for personal reasons. We will stay focused!

...my teacher or therapist will...

- ✓ Use the toys and materials that are already in our home.
- ✓ Ask us to try out new ideas during home visits.
- ✓ Give feedback and support to build our confidence.
- ✓ Make us feel valued and become a real part of every home visit.
- ✓ Not use their phone for personal reasons.
- ✓ Go with us to local places like the park or the store that we like to visit as part of our everyday activities.
- ✓ Be honest and respectful of our family traditions so that we can help our child learn and develop.

...we will...

- ✓ Work Together to make a schedule that is reasonable and flexible because everyone's time is valuable.
- ✓ Feel comfortable in talking to each other about likes and needs.
- ✓ Share with each other as soon as a problem arises.
- ✓ Discuss any new concern you have about your child's services.
- ✓ Discuss changes to the IFSP as a team.

... When scheduling...

Please try to keep your appointment!

You must let the teacher or therapist know if you cannot keep your appointment. Call your teacher or therapist BEFORE the home visit. If a teacher or therapist comes and you are not home, it is a "No-Show".

The teacher or therapist tells the Service Coordinator (SC) when there are two No-Shows in a row, or two cancellations.

We will work together to make all home visits successful.

This will be reviewed initially by the Provider, at 6 month review, annual, and as needed by all team members.

Child's Name _____

Parent/Caregiver Signature _____

CHECK ONE

- Initial
- 6 Month Review
- Annual

Teacher/Therapist Signature _____ Agency

Teacher/Therapist Signature _____ Agency

Teacher/Therapist Signature _____ Agency

Teacher/Therapist Signature _____ Agency

Service Coordinator Name _____

Date Reviewed: _____

Initials: _____

Date Reviewed: _____

Initials: _____