

**NOCAC CHILD DEVELOPMENT
Waiver of Services**

A parent/guardian who chooses not to have their child evaluated by other service providers, or who chooses not to continue with those services may make their choice known by using this form. Reasons for rejecting the evaluation or service must be entered, and the form must be signed and dated by the parent or guardian.

I, the parent or guardian of the child named below, hereby object to the items checked for the reasons stated below:

- | | |
|--|--|
| <input type="checkbox"/> LEA evaluation (MFE) | <input type="checkbox"/> Advanced Head Start Evaluation |
| <input type="checkbox"/> LEA Observation at Head Start | <input type="checkbox"/> CSP Services by Head Start |
| <input type="checkbox"/> IEP Services by LEA | <input type="checkbox"/> Mental Health Observation from Consultant |
| <input type="checkbox"/> Dual Placement at Head Start | <input type="checkbox"/> Behavioral Intervention Plan |
| <input type="checkbox"/> IEP Application by Head Start | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Dental Exam | <input type="checkbox"/> Lead Test |
| <input type="checkbox"/> Dental Follow-Up | <input type="checkbox"/> Hemoglobin |
| <input type="checkbox"/> Health Services _____ | <input type="checkbox"/> Other: _____ |

Child's Name _____ DOB: _____

Center Name: _____ Option: _____

Reason for Objection

- Religious Good Cause

Please explain: _____

I understand that, in the opinion of the persons recommending services, my child may not be able to develop, or learn, to the best of his/her ability without these services.

Parent/Guardian Signature _____ Date _____

Address _____ City _____

Witness Signature _____ Date _____