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4400 N. Marshall Street, Philadelphia, PA 19140

Tel: 215-329-5777. Fax: 215-329-1310.

[www.ayudacc.org](http://www.ayudacc.org)

Child's Name: \_\_\_\_\_

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

I acknowledge that I have received the 2019-2020 SOS AND LOL parent handbook. If I have any questions regarding the program's policies or procedures after I have read the handbook I will notify Executive Director, Cynthia Wright-Whitley, or Program Coordinator, Randy Caro immediately. I also agree to follow all rules and procedures that are outlined in the handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_