UF College of Medicine Department of Pediatrics North Central Early Steps
Statement of Understanding of Part C Procedural Safeguards

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_______ I certify that I have read the Procedural Safeguards

_______ I understand that the intent of the Procedural Safeguards is to protect the rights of the child and his/her parents'/guardians

_______ I agree to abide by the Procedural Safeguards

Signature __________________________ Date __________________________

Name (Printed or Types)