

ITDP First Visit Checklist

Child's Name:

D.O.B.:

1. The purpose of the Infant and Toddler Development Program (ITDP) is to: <ul style="list-style-type: none"> support you in helping your child reach their full developmental potential serve families of children birth to school entry whose development is delayed, or at risk of delay 	
2. ITDP services are free and may include: <ul style="list-style-type: none"> visits in your home or in the community or virtually suggestions, demonstrations and information to support you in parenting your child developmental screening or assessment links to and/or collaboration with community programs, agencies and service providers discharge planning 	
3. The focus of the ITDP is you and your child: <ul style="list-style-type: none"> the Infant Development Worker (IDW) will work with you to determine goals and a visit schedule anyone who regularly interacts with your child is encouraged to participate in the visits you can choose not to participate in the program at any time 	
4. Planning for visits: <ul style="list-style-type: none"> most visits are about an hour for the safety of the IDW, please ensure safe access to your property, move pets to another area, and please do not smoke please contact the IDW to cancel and reschedule, especially if there is a sick person at home 	
5. Communication <ul style="list-style-type: none"> the IDW will not share personal health information by email or text the use of text messages is limited to scheduling, confirming or cancelling home visits texts from an IDW will occur only during the IDW's business hours your consent for videoconferencing is required 	
6. Your ITDP records are confidential: <ul style="list-style-type: none"> please refer to Privacy Commitment to our Clients for more information the IDW will not discuss your family with anyone outside the ITDP without your signed consent the IDW has a legal duty to report child welfare concerns to the Children's Aid Society 	

By signing below, I agree to participate in the Infant Toddler Development Program.

Parent's/Caregiver's Signature(s)

Date

Email Address (optional)

Infant Development Worker's Signature

Date