

Notice & Consent for Evaluation/Assessment

PURPOSE: To provide prior written notice to the parent(s) when an evaluation/assessment is being proposed and to obtain parental consent to conduct the evaluation/assessment being proposed.

CHILD'S NAME	DOB	FAMILY RESOURCES COORDINATOR
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REASON FOR NOTICE

The ESIT is required to provide you with prior written notice within a reasonable time before conducting evaluation and assessment activities. It is required that you give informed, written consent for these activities through your signature below. The purpose of evaluation and assessment is to obtain information about your child; provide your family with additional information about your child's development; identify the unique strengths and needs of your child and services that may be appropriate to meet those needs; determine whether your child remains eligible for the ESIT program; and if your child remains eligible, with your agreement and participation, develop or modify a written Individualized Family Service Plan (IFSP). This is your statement of that notice.

"Consent" means that: (1) You have been fully informed of all information relevant to the activity(ies) for which consent is sought in your native language or mode of communication including sign language, Braille, or oral communication as appropriate. (2) that you understand and agree in writing to the carrying out of the activity(ies) for which consent is sought; (3) the consent describes the activity(ies) and lists the early intervention records (if any) that will be released and to whom they will be released; and (4) the granting of your consent is voluntary and may be revoked in writing at any time. . If you revoke consent, it is not retroactive (it does not apply to an action that occurred before the consent was revoked).

ACTION PROPOSED

An evaluation and assessment will be conducted by at least two qualified individuals from different disciplines (or one qualified professional from two disciplines) in accordance with ESIT program policies and procedures. Your participation as a member of the evaluation team is strongly encouraged. You know your child best and can provide important information about your child. The evaluation and assessment is a comprehensive view of how your child is doing in the areas of cognitive, gross motor, fine motor, communication, social-emotional, and adaptive development, as well as vision and hearing. The results indicate how your child is doing in all of these areas and if your child continues to be eligible for ESIT services.

DESCRIPTION

The evaluation proposed will include multiple procedures, including administration of an evaluation instrument, taking the child's history, interviewing the parent(s), gathering information from other family members, caregivers, medical or other professionals and reviewing medical, educational or other records. The proposed assessment procedures will determine your child's unique strengths and needs and appropriate early intervention services. Assessment will include: a review of evaluation results; personal observations of the child, identification of the child's needs in each developmental area through the use of formal and informal assessment procedures. ESIT providers will talk with you about the methods they will use for this evaluation and assessment. The evaluation and assessment will be provided at no cost to you. The results are kept in your child's early intervention record. No information about the evaluation/assessment will be shared with anyone or any agency outside of the ESIT program unless you provide written consent to do so. The IFSP team will determine whether or not your child continues to be eligible for ESIT services and will provide prior written notice, including your right to dispute the eligibility determination.

ACKNOWLEDGMENT AND STATEMENT OF CONSENT

I have received a copy of my rights and procedural safeguards under Part C of IDEA (Early Support for Infants and Toddlers program, Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights]) with this notice.

Parent Initials

These rights and procedural safeguards have been explained to me and I understand them. I understand that my consent is voluntary and that I can choose, at any time, not to have my child evaluated/assessed even after signing this form. I understand that if I choose not to consent to this evaluation or assessment, my child will not be evaluated or assessed.

do do not give my informed consent for ESIT to carry out the activity(s) described above.

PRINT PARENT(S) NAME	
PARENT(S) SIGNATURE	DATE
RECEIVED BY NAME/TITLE/AGENCY	DATE

Attachment: Early Support for Infants and Toddlers program, *Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards (Parent Rights)*

Note: *Parents are to receive a copy of this form and a signed copy is to be included in the child's early intervention record.*