

**PRIOR NOTICE AND CONSENT FOR EVALUATION AND ASSESSMENT**

Name – Child

Date Written Prior Notice Given

**Written Prior Notice: Your child has been recommended for an evaluation to determine whether your child is eligible for early intervention services.** Other options considered but rejected, include not recommending an evaluation. The **information** used to make this decision included (ex., screening tool, test, observation, medical reports, parent report, or other sources):

The **reasons** for this decision included ( ex., screening results, test results, list of skills observed or not observed, diagnosis, or other reason):

**Consent for Evaluation:** A team that includes at least two professionals will evaluate your child's development. The evaluation will be conducted at no cost to you. The initial assessment will help identify outcomes and develop a service plan. Ongoing assessments will occur to monitor your child's progress. We will talk with you about the assessments, and discuss with you the option to include your family's needs, resources, concerns, and priorities. During the course of the evaluation and assessment, members of the team will 1) consult with you identifying the developmental areas to be addressed in the evaluation and why they are important; 2) with your consent, review relevant records, identifying the reasons for the review; 3) identify, evaluate and assess your child's development in the areas listed below, and 4) meet with you and other members to develop a final report.

Areas to be Evaluated / Assessed	Instruments	Type of Specialist
Child and family assessment		

Before evaluation or assessment can begin, your consent is needed. Before you sign below, you should know:

1. Your consent for the evaluation and assessment is voluntary. You may refuse consent for particular evaluations or assessments while giving consent for others.
2. The recommended evaluations and assessments are used to determine your child's eligibility for the Birth to 3 Program.
3. You may withdraw consent at any time. Your consent remains in effect until withdrawn in writing to the Birth to 3 Program.
4. If you withdraw your consent, the agency cannot do further evaluation or assessment in that area of development.

Please read the parent and child rights document enclosed with this notice. This is a summary of your rights; if you would like a full version, please let your Service Coordinator know.

Name – Contact Person

Title – Contact Person

Telephone Number

**PARENTAL CONSENT TO EVALUATE**

By my / our signature below, I / we acknowledge that I / we have received and understand the parent and child rights statement; understand the proposed actions; and

- I / We **GIVE** consent for the evaluation and assessment of my child.  
 I / We **DO NOT GIVE CONSENT** for the evaluation and assessment of my child.

\_\_\_\_\_  
**SIGNATURE** – Parent / Legal Guardian

\_\_\_\_\_  
Date Signed