



Consent for Screening, Evaluation, or Assessment

Child's Name _____

Date _____

Purpose: Your child has been referred for early intervention services. The Infant Toddler Program needs your permission to gather information to determine if your child is eligible for the Program or may need additional services. The actions checked below (screening, evaluation/assessment) are recommended. It is required that you give written permission before these actions can happen.

The Infant Toddler Program plans to take the following action(s): *(Mark all below that apply)*

Screening	Proposed Date, Time, Location	Important Things to Know:	
Developmental		A brief explanation of each evaluation/assessment area is on the back of this form.	
Hearing			
Vision			
Social-Emotional			
Other (please describe)			
Evaluation or Assessment		A copy of your Parent Rights, the "Child and Family Safeguards" brochure including procedural safeguards and an appeal process is enclosed or attached. If you disagree with the results of a screening or evaluation/assessment, you may choose any number of options as detailed in the Child and Family Safeguards brochure.	
Family Assessment			
Developmental			
Speech/Language			
Adaptive Behavior			
Fine Motor			
Gross Motor			
Vision			
Hearing			
Social-Emotional			
Other (please describe)			
			You may refuse some recommendations and consent to others. However, if you refuse, we may be unable to determine if your child is eligible to receive the services provided by the Infant Toddler Program. If you provide consent, you may revoke it at any time.
			This information can be provided in your native language, or in another way you can understand (oral, braille, sign) upon your request.

Parent - Please Complete This Part

No screening, evaluation, or assessment will be conducted without parent consent.

- I give my consent to conduct the above listed action(s).
- I do not give my consent to conduct the above listed action(s).
- I consent to the action(s) I have initialed, but not to the others.

Parent/Guardian Signature: _____ Date: _____

If you have questions about this Notice, please contact:

Name _____	Title _____
Telephone _____	Email _____

Family Assessment	Assesses your family's resources, priorities, and concerns and the supports necessary to enhance your capacity to meet the developmental needs of your child.
Developmental	Assesses your child's growth in different areas, which may include communication, social and emotional development, fine and gross motor abilities, and other areas of growth.
Speech/Language	Assesses your child's articulation (speech sounds), voice, fluency, and motor skills for speech. Assesses your child's receptive and expressive language skills, including phonology, morphology, syntax, semantics, and pragmatics. Assesses your child's ability to communicate verbally and nonverbally.
Adaptive behavior	Assesses your child's general behaviors at home, school, and community.
Fine Motor	Assesses your child's fine motor skills and abilities and self-care and adaptive abilities.
Gross Motor	Assesses your child's gross motor (movement) skills and abilities.
Vision	Evaluates your child's visual acuity (ability to see).
Hearing	Evaluates your child for hearing acuity. May include pure tone testing, oto-acoustic emissions and impedance testing of middle ear functioning.
Social/Emotional	Collects information about your child's social and emotional development. May include rating scales, personal inventories, behavioral observations, and personal interviews.