

# Notice and Consent for Screening

**PURPOSE:** To provide written prior notice to the parent(s) when screening is being proposed and to obtain parental consent to conduct the screening.

<b>CHILD'S NAME</b>	<b>DOB</b>	<b>FAMILY RESOURCES COORDINATOR</b>
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## REASON FOR NOTICE

The ESIT program is required to provide you with written prior notice within a reasonable time before conducting screening (identification) activities. It is required that you give informed, written consent for these activities through your signature below. The purpose of screening is to determine your child's need for evaluation/assessment under the ESIT program. This is your statement of that notice.

*"Consent" means that: (1) You have been fully informed of all information about the activity(ies) for which consent is sought in your native language (unless clearly not feasible to do so) or other mode of communication; (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 (4) the granting of your consent is voluntary and may be revoked in writing at any time. 34 CFR 303.401(a)*

## ACTION PROPOSED

Your child will be screened in one or more of the following developmental areas: cognitive, gross motor, fine motor, communication, social-emotional, adaptive, vision, and hearing. The screening results will be used to determine the need for evaluation/assessment under the ESIT program. These results and information obtained during the screening will remain confidential.

## DESCRIPTION

How the screening is performed will vary based on the needs of your child. It may include review of medical/developmental records, parent interview, child observation, and/or administration of formal and informal developmental screening tools. The person who performs the screening will talk with you about these methods and results.

## TIMELINES

If a determination is made that your child needs an evaluation/assessment, the evaluation/assessment and development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred to the ESIT program. If your family needs additional time beyond the 45 days, it is important that you tell your Family Resources Coordinator.

Date your child was referred to the ESIT program:

## ACKNOWLEDGMENT AND STATEMENT OF CONSENT

I have received a copy of my rights under Part C of IDEA (*ESIT Program Parent Rights*) with this notice. \_\_\_\_\_  
Parent Initials

These rights 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 screened even after signing this form. I understand that if I choose not to consent to this screening, my child will not be screened.

<input type="checkbox"/> I do <input type="checkbox"/> I do not give my informed consent for the ESIT program to carry out the activity(s) described above.	
<b>PRINT PARENT(S) NAME</b>	
<b>PARENT(S) SIGNATURE</b>	<b>DATE</b>
<b>RECEIVED BY NAME/TITLE/AGENCY</b>	<b>DATE</b>

Attachments: ESIT Program Part C Procedural Safeguards (Parent Rights)

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