

Notice & Consent for Evaluation/Assessment

CHILD'S NAME	DOB	FAMILY RESOURCES COORDINATOR
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REASON FOR NOTICE

The ESIT is required to provide you with written prior 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 about the activity(s) 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(s) for which consent is sought; (3) the consent describes the activity(s); 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

- An evaluation/assessment will be conducted by an appropriately qualified provider in accordance with ESIT policies and procedures to obtain additional information on your child in the following developmental areas:
- Adaptive** **Social-Emotional** **Communication** **Gross Motor** **Fine Motor** **Cognitive** **Vision** **Hearing**
- A complete developmental evaluation will be conducted to determine if your child continues to be eligible for early intervention services in accordance with ESIT policies and procedures. The evaluation results will indicate how your child is doing in the developmental areas of adaptive, social-emotional, communication, gross motor, fine motor, cognitive, vision, and hearing.

DESCRIPTION

The evaluation or assessment proposed may include reviewing records about your child's health, development and medical history and status; parent interview, child observation, and administration of formal and informal developmental evaluation/assessment tools. ESIT providers will talk with you about the methods they will use for this evaluation/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.

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 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.

<input type="checkbox"/> I do <input type="checkbox"/> I 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: ESIT Program 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.