

Milwaukee County Department of Health and Human Services (DHHS)
 Disabilities Service Division – Birth to Three Program

CONSENT FOR EVALUATION/ASSESSMENT

Service Coordination Agency:

Child's Name	Date of Birth	Date Referral Received
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An evaluation to determine whether your child is eligible for early intervention services has been scheduled. You and your service coordinator agreed upon the date for this evaluation. The decision for the evaluation is based on developmental concerns provided in the referral source. The other option considered included a developmental screening but because of suspected developmental concerns a more in depth evaluation of your child's needs and strengths is recommended. A team that includes at least two Therapists will evaluate the current developmental status of your child. The evaluation will be conducted at no cost to you, however the Birth to 3 Program may bill your insurance.

If your child is found eligible for early intervention services, further assessment of your child's unique strengths and needs may be necessary. The initial assessment and any ongoing assessments will be recommended with your consent and based upon information that clearly identifies the reasons the assessment is necessary. This initial assessment will help in identifying outcomes and developing a service plan. Ongoing assessments will occur to monitor your child's progress. We will talk with you about the assessments, and discuss options that integrate your family's needs, resources, concerns, and priorities related to enhancing your child's development. This is optional for your family, but is important if we are to jointly identify the outcomes and services that would best meet your child's needs.

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 highlighting the rationale for the focused areas of development and (4) meet with you and other members to develop a final report.

Areas to be evaluated/assessed	Instruments/purpose	Type of Specialist
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

1. Your consent for the evaluation or assessment is voluntary. You may refuse consent for particular procedures, evaluations or assessments while giving permission for others.
2. The recommended assessments/evaluations will be used in determining your child's eligibility for Birth to 3 services.
3. You may withdraw consent at any time. Your consent remains in effect until it is withdrawn in writing.
4. If you withdraw your consent, the agency cannot do further evaluation or assessment.

PARENTAL CONSENT TO EVALUATE

By signing below, I acknowledge that I understand and received a copy of the Parent and Child Rights, I understand the actions proposed and,

- Give consent for the evaluation and assessment of my child.
 Do Not Give Consent for the evaluation and assessment of my child

 Signature of parent or legal guardian

 Date signed

Distribution: Original – Service Coordination Agency
 Copy – Parent or Legal Guardian