



**CONSENT FOR EVALUATION/ASSESSMENT**

Date: \_\_\_\_\_:

Your child, \_\_\_\_\_, was referred for an evaluation to determine whether he/she is eligible for early intervention services. This decision has been made based on:

Information provided by the referral source (specify): \_\_\_\_\_

Other: \_\_\_\_\_

Other options considered included a developmental screening and were rejected based upon your child's suspected developmental concern. A team that includes at least two developmental therapists will evaluate the current developmental status of your child. The evaluation will be conducted at no cost to you; however, your insurance may be billed with your consent.

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.

Area to be Evaluated/Assessed	Type of Specialist/Agency	Instruments and Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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 withdrawn in writing.
4. If you withdraw your consent, the agency cannot do further evaluation or assessment.

If you have any questions, please contact your Service Coordinator

\_\_\_\_\_,  
at (agency), \_\_\_\_\_, (phone) \_\_\_\_\_.

**PARENTAL CONSENT TO EVALUATE**

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