



Trempealeau County Department of Health and Human Services
 Birth to Three Program
 P.O. Box 67
 Whitehall, WI 54773
 715-538-2311 Ext. 396



**REQUEST FOR PARENT PERMISSION
 TO ADMINISTER A DEVELOPMENTAL SCREENING**

WHAT PARENTS SHOULD KNOW ABOUT DEVELOPMENTAL SCREENING...

Infants and toddlers have a wide range of normal development, however, most developmental steps are reached by most children within certain ranges.

Developmental screenings are used to look at overall development. Areas can include: Muscle coordination, speech and language development, thinking skills, personal-social skills, play skills, and self-help skills, such as feeding and toileting.

Developmental screening for your child may look like a service of games or "tasks." The results of a developmental screening is not a "score" but a signal that development may or may not be occurring as usually expected. A developmental screening is intended to highlight a child's strengths or weaknesses or raise questions which require further investigation. A screening is NOT intended to label or "diagnose" anything about your child. If it raises concerns, you as parent(s) are the only person(s) who can authorize any further evaluation for your child. If you need more information, please ask all questions that come to mind.

A recommendation for further evaluation may be made to Trempealeau County's Early Intervention/ Birth to Three Program based on the results of this screening. The contact person for this program is Melissa Frank and she may be reached at (715) 538-2311 ext. 396.

REQUEST FOR PERMISSION TO SCREEN

I have read the above information on developmental screening.
 I feel that I understand the purpose of developmental screening.

I give my permission for Birth to 3 to administer the developmental screening to my child: _____

I also give my permission to share the screening results with my child's physician: _____

and the county's Early Intervention/Birth to Three program.

Signature of Parent or Legal Guardian _____ Date _____



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Written Prior Notice and Consent for Parent Permission to Evaluate/Assess

Child's Name: _____ Referral Date: _____ Notice Date: _____

Your child has been referred for an evaluation at no cost to you. This evaluation will determine whether your child is eligible for early intervention services. This decision has been made based upon the following information:

Other options considered include: _____

Why rejected: _____

A team that includes at least two Developmental Interventionists will evaluate the current developmental status of your child.

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.

As the parent(s), you know the most about your child and are considered an important member of this team of evaluators. During the course of the evaluation and before writing a report, the other 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 team members to develop final report, which will be sent to all team members.

Areas to be Evaluated/assessed	Instruments and purpose	Team Member

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

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

Please review the parent and child rights document included with this notice that was reviewed with you in person at the time of our initial meeting. If you have any questions or concerns, please don't hesitate to call me. I can be reached at 715-538-2311 x 396 or by e-mail at frankm@tremplcounty.com.

After you have made a decision, please complete the back page of this form and return to me, Melissa Frank- Service Coordinator.



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You will receive a copy for your records.

PARENTAL CONSENT TO EVALUATE/ASSESS

By my/our signature below, I/We acknowledge that I/We have received and understand the parent and child rights statement, understand the proposed actions and

- GIVE** consent for the evaluation/assessment of my/our child.
- DO NOT GIVE** consent for the evaluation/assessment of my/our child.

Signature of parent of legal guardian

Date

Signature of parent of legal guardian

Date



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Written Prior Notice- Developmental Screening

Child's Name: _____ Referral Date: _____ Screening Date: _____

Your child was referred to the Birth to Three Program as a child with a suspected delay. A developmental screen was conducted using _____.

As a result of that screen it was determined that your child: Is developing within the normal range in all areas screened
 Shows a possible developmental delay in the following area(s): _____

Based on this information it is recommended that: Your child be evaluated by the Birth to Three team
 Your child be re-screened in _____ months.
 Other _____

Other options that were considered were: _____

These options were rejected based on: _____

You have the right to agree with or refuse the recommended action(s). You have received a copy of the brief parent and child rights with this notice that indicate the actions to take if you do not agree with recommendation(s). Please feel free to contact me with any questions or concerns or if you would like to receive a copy of the complete parent and child rights document.

Melissa A. Frank
 Birth to Three Services Coordinator
 Trempealeau County Dept. of Health and Human Services
 P.O. Box 67
 Whitehall, WI 54773
 715-538-2311 X 396
 frankm@tremplcounty.com



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Written Prior Notice-Change in Service without IFSP meeting

Child's Name: _____ Referral Date: _____ Today's Date: _____

Your child has been receiving services from Birth to Three for identified developmental delays according to an IFSP developed on _____.

These services will be changed effective _____, for the following reason(s): _____

Other options considered were: _____

These options were rejected based on : _____

You have the right to agree with or refuse the recommended action(s). You have received a copy of the brief parent and child rights with this notice that indicate the actions to take if you do not agree with recommendation(s). Please feel free to contact me with any questions or concerns or if you would like to receive a copy of the complete parent and child rights document.

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