



Notice and Consent for Screening

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

CHILD'S NAME	DOB	FAMILY RESOURCES COORDINATOR
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REASON FOR NOTICE

The ESIT program is required to provide you with prior written 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 relevant to the activity(ies) for which consent is sought, in your native language or other mode of communication including sign language, Braille, or oral communication as appropriate; (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 lists the early intervention records (if any) that will be released and to whom they will be released; and (4) the granting of your consent is voluntary and may be revoked in writing at any time. If you revoke consent, it is not retroactive (it does not apply to an action that occurred before the consent was revoked).

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. However, if you request and provide consent for an evaluation at anytime during the screening process, the evaluation will be conducted even if your child is not suspect of having a disability. The 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 and procedural safeguards under Part C of IDEA (Early Support for Infants and Toddlers program, *Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [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. I understand that I may ask for an evaluation of my child at any time during the screening process and that evaluation will be conducted.

<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.	
PRINT PARENT(S) NAME	
PARENT(S) SIGNATURE	DATE

February 2012

RECEIVED BY NAME/TITLE/AGENCY	DATE
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Attachments: Early Support for Infants and Toddlers program, *Individuals with Disabilities Education Act (IDEA) 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.*