

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ IFSP: \_\_\_/\_\_\_/\_\_\_

## Limited Consent for Evaluations and Assessments

The Individuals with Disabilities Education Act provides for a no-cost, timely, comprehensive multidisciplinary evaluation and assessment of the developmental status of children ages birth to three referred to early intervention. The purpose of evaluation is to determine your child's eligibility for early intervention services. The purpose of assessment is to identify ongoing strengths of and needs for your child and family. As part of the assessment process, we may conduct skills tests, observations, interviews, and/or a review of medical records for your child. When the evaluations and assessments are complete, you will be notified of your child's eligibility determination for early intervention services.

A family-directed assessment is included in preparation for development of the Individualized Family Service Plan (IFSP) and is meant to help identify your concerns, priorities, and resources for your child.

The information from all assessments will be used to write the IFSP for your child and family.

I understand my sharing information about my child and family is part of the evaluation and assessment process. This information will be kept confidential and will not be released without my written permission.

I give permission to evaluate and/or assess my child in the following areas:

- Health
- Vision
- Hearing
- Gross motor (large muscle movement)
- Fine motor (hand-eye coordination)
- Cognitive (thinking skills and problem solving)
- Receptive Communication (understanding words, sounds, gestures, facial expressions)
- Expressive Communication (using words, sounds, gestures, facial expressions)
- Social and emotional (relations with family and others)
- Adaptive skills (eating, drinking, dressing)

I understand this permission is being granted for the length of time that my child participates in early intervention and my consent is voluntary and may be revoked at any time prior to the administration of the evaluations and/or assessments.

I have received a copy of and understand my parents' rights under federal regulations for early intervention.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date (mm/dd/yyyy)