

CHILD NAME	DATE OF BIRTH	IFSP DATE
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## WHAT DOES EVALUATION AND ASSESSMENT MEAN?

### Free Services

We will provide timely, multidisciplinary, and comprehensive evaluation and assessment of your infant or toddler's development at no cost.

### Evaluation

We will evaluate your child using the state required evaluation tool (currently the Battelle® Developmental Inventory, Third Edition, or BDI-3) to determine their eligibility for early intervention. The BDI is an evaluation tool that helps us learn more about your child's progress in all areas of development: Motor, Adaptive, Cognitive, Personal-Social, and Communication. We may also conduct additional evaluation in specific areas of concern.

### Assessment

We will conduct a comprehensive health, hearing, and vision assessment. We will also assess your child's development through in-home observation, interviews, and reviewing health information. If your child is eligible for services, we will conduct a family-directed assessment to identify your unique concerns, priorities, and resources.

### Eligibility Report

You will receive an Eligibility Report that contains the results of your child's evaluation and assessment. The report will describe if your child is eligible for services based on medical diagnosis, test scores, or clinical opinion.

### Confidentiality

You have the right to confidentiality throughout the evaluation and assessment process. Information about your child and family will be stored in our secure online database, and can only be accessed by select early intervention (EI) staff. You must agree in writing before your child's EI record can be shared with anyone else.

For more information about Part C evaluation and assessment, please refer to [sites.ed.gov/idea/regs/c](https://sites.ed.gov/idea/regs/c).

## PARENT/GUARDIAN CONSENT STATEMENT

☐ **YES**, I give permission for the local EI program to evaluate and assess my child and family. I understand this permission is being granted for the length of time that my child participates in early intervention. My consent is voluntary and may be revoked at any time.

☐ **NO**, I do not give permission for the local EI program to evaluate and assess my child and family. I understand this permission is being granted for the length of time that my child participates in early intervention. My consent is voluntary and may be revoked at any time.

PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE
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