

CONSENT FOR EVALUATION – PRIOR WRITTEN NOTICE

Child's Name: _____ Date of Birth: _____

The purpose of evaluation is to determine your child's initial or ongoing eligibility for the Arizona Early Intervention Program (AzEIP). The developmental evaluation will be conducted by two early intervention professionals to determine your child's eligibility. Depending on what is needed to determine eligibility for your child, the evaluation may include:

1. A review of relevant records, such as medical records or previous therapy evaluations/assessments;
2. Input from you about your child's development;
3. Observation of your child; and
4. Determination of your child's level of development in the areas of:
 - a. communication;
 - b. cognition, including thinking, problem solving;
 - c. physical, including fine and gross motor skills, vision and hearing;
 - d. adaptive (self-help); and
 - e. social or emotional development.

In addition, you have the following rights:

- Parents have the right to refuse consent and, if consent is given, it may be revoked at any time in writing.
- Parents have the right to review and obtain copies of anything in their child's record.
- Parents have the right to be fully informed of all evaluation/assessment results in their native language.
- Parents have the right to disagree with the results of this evaluation or assessment and may file a formal complaint or request mediation or a hearing.

Proposed Action:

Initial Evaluation to determine eligibility OR Evaluation after enrollment to determine ongoing eligibility

The Evaluation is scheduled for: Date: _____ Time: _____ Location: _____

Your participation in this process is strongly encouraged as you know your child best and can provide information about your child. The process will be based on the needs of your child and family and may include the use of informal and formal developmental evaluation tools.

Please check all that apply:

I give my consent for AzEIP to conduct an evaluation for my child, for the purpose of determining eligibility for the Arizona Early Intervention Program. If eligible, this information may be used to develop my Individualized Family Service Plan.

I do not give my consent for AzEIP to conduct an evaluation for my child. I understand that refusal of a child development evaluation could affect my child's eligibility for early intervention service.

My service coordinator has offered the AZEIP family rights and safeguards booklet and I have reviewed the Arizona Early Intervention Program's family services rights and safeguards, and I understand my family's rights and options.

I understand that my **consent is voluntary** and that I may withdraw the consent at any time. My consent expires after this evaluation process is completed, a time period not to exceed 45 days unless requested by me.

Parent/Responsible Party Signature _____
Date

Parent/Responsible Party Signature _____
Date

Prior written notice was sent on: _____ mailed _____ handed to family _____