GCI-1038B RAFF (4-16)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Arizona Early Intervention Program (AzEIP)

**CONSENT FOR EVALUATION – PRIOR WRITTEN NOTICE**

In order to determine if your child is eligible for the Arizona Early Intervention Program (AZEIP), an evaluation has to be completed. 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, previous therapy evaluations;
2. parent interview;
3. observation of your child; and
4. determination of your child’s status in the areas of:
   1. communications;
   2. cognition;
   3. physical, including fine and gross motor skills, vision and hearing;
   4. adaptive (self-help); and
   5. social or emotional development.

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.

AzEIP is a program that works with the Department of Economic Security/Division of Developmental Disabilities (DDD) and the Arizona State Schools for the Deaf and the Blind (ASDB) to provide early intervention services. If the available information indicates that your child may be eligible for DDD and/or ASDB, the information will be shared with a representative from one or both of these agencies to determine if your child meets the criteria to receive early intervention services through that agency.

**Please check all that apply:**

By signing below, I authorize AzEIP to conduct an evaluation for my child,

*Name*

      for the purpose of determining eligibility for the Arizona Early Intervention

*Date of birth*

Program. If eligible, this information may be used to develop my Individualized Family Service Plan.

My service coordinator and I have reviewed the Arizona Early Intervention Program’s family 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*

For text below see DES ADA Statement JAWS readable.docx

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.