

Consent for Assessment

Child's Name (*Last, First, M.I.*): _____

Date of Birth: _____

I-TEAMS ID: _____

A child assessment is used to determine your child's:

- Current levels of development
- Unique strengths and needs within the context of your family's routines and activities
- Early intervention services

A family assessment:

- Is voluntary
- Involves discussions with family members who would like to participate in the assessment
- Includes your family's description of your resources, priorities, and concerns related to your child's development
- Helps us learn how you would like early intervention to support your family with your child's developmental needs

Your participation in the assessment is strongly encouraged as you know your child best and can provide information about your child and family. The assessment of your child may include:

- Review of early intervention records (e.g., medical records, evaluation)
- Information reported by family
- Observations of your child
- Use of an assessment instrument(s)

The team is proposing to assess your child using the following instrument(s):

Parent Acknowledgments and Consents

I understand that:

- My consent is required prior to completing my child's assessment.
- My consent is voluntary and I may withdraw my consent in writing at any time.
- My consent is valid for one (1) year from the date of my signature on this form or until I revoke my consent in writing, whichever comes first.
- This assessment does not change my child's AZEIP eligibility status.
- I have the right to be fully informed in my native language of all information relevant to the assessment before giving consent.

My Service Coordinator informed me of my child and family rights with AZEIP and provided a copy or information on how to access the [Child and Family Rights in the Arizona Early Intervention Program, GCI-1070A](#).



Yes No

My selection below indicates that I either consent or decline for my AZEIP service provider(s) to use the instrument(s) identified to conduct an assessment to determine my child's current levels of development.

I consent I decline

Parent/Responsible Party Signature: _____ Date: _____