



Ohio's Help Me Grow Early Intervention Program

Notice and Consent for Screening/Evaluation/Assessment

Child's Name: _____
 Date of Birth: ____/____/____ Early Track ID: _____

Reason for this Notice: We are required to obtain your consent and provide you with prior written notice within a reasonable time prior to administering any screenings, evaluations or child and family-directed assessments. You are entitled to receive details about the proposed action so that you can make an informed decision that is best for you and your family. This includes notifying you that the developmental evaluation and child assessment are required in order to participate in Ohio's Help Me Grow Early Intervention Program. The purpose of a family-directed assessment is to identify your family's unique strengths, needs, priorities and resources. The family assessment is not required in order to participate in Ohio's Help Me Grow Early Intervention Program.

Action Proposed and the Reason for this Action:

Screen your child's development to determine if your child is suspected of having a developmental delay or disability. You have the right to request a developmental evaluation at any time, regardless of screening result.

(Complete if know) Screening will take place on:
 Date: ____/____/____ Time: _____ Location: _____

Provide your child with a developmental evaluation to determine eligibility for early intervention.

(Complete if known) Developmental Evaluation will take place on:
 Date: ____/____/____ Time: _____ Location: _____

Provide your child with a multidisciplinary assessment to determine your child's strengths and needs and the early intervention services appropriate to meet those needs.

(Complete if known) Child Assessment will take place on:
 Date: ____/____/____ Time: _____ Location: _____

Provide a family-directed assessment to identify your family's resources, priorities and concerns as they relate to promoting your child's development.

(Complete if known) Family-directed Assessment will take place on:
 Date: ____/____/____ Time: _____ Location: _____

Timelines: Federal regulations and Ohio Rule require that screenings, developmental evaluation, child and family-directed assessments, and development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred to the early intervention service coordination contractor. If your family needs additional time beyond the 45 calendar days, it is important that you tell your Service Coordinator.

Acknowledgment and Statement of Consent: I have received a copy of my rights under Part C of the Individuals with Disabilities Education Act (Parents Rights Brochure) along with this notice. These rights have been explained to me and I understand them. I have voluntarily signed this consent.

I give informed consent for the following activities (Check only those you give permission for):

- Screening Developmental Evaluation Child Assessment Family-Directed Assessment

Parent's Signature: _____ Date: ____/____/____

Ohio's Help Me Grow Early Intervention
 Service Coordinator Signature: _____ Date: ____/____/____

Service Coordination Contractor Agency: _____