

**BIRTH TO 3 CONNECTIONS
PARENTAL PRIOR NOTICE/CONSENT FORM**

CHILD'S NAME: _____ DATE SENT: _____

PURPOSE OF NOTICE:

- _____ Evaluating/Reevaluating the child's special needs
- _____ Determining the child's eligibility for early intervention services
- _____ Developing an Individual Family Service Plan (IFSP) for the child if determined eligible
- _____ Reviewing or revising the child's Individual Family Service Plan (IFSP)
- _____ Other _____

Description of the action proposed or refused: _____

Reasons why this action is being proposed or refused: _____

Description of any options considered and the reason why these options were rejected: _____

The following areas of development will be evaluated:

- | | |
|--|----------------------|
| ___ Cognitive | ___ Social/Emotional |
| ___ Physical (fine & gross motor) | ___ Adaptive |
| ___ Communication (receptive & expressive) | |

Description of other factors which are relevant to the proposal or refusal: _____

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CONSENT FOR INITIAL EVALUATION OR REEVALUATION

24:05:30:17. Consent. "Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parent is voluntary and may be revoked in writing at any time.

_____ (Parent Signature) _____ (Date)

(Use the below section only when arranging IFSP meetings/reviews)

NOTICE OF MEETING ARRANGEMENTS

Date: _____ Time: _____

As we have agreed, we will be meeting at: _____ (Place)

At the present time we anticipate that _____,
_____, _____,
_____, _____, will be meeting with us.

Purpose of the meeting: _____

If a purpose of this meeting is transition planning, we will be inviting representatives from the following agencies to attend: _____,
_____, _____,
_____.

If you wish to have someone else attend with you, you may do so.

Five Day Prior Notice Waiver
I wish to waive my right to 5 day prior notice to this meeting.

Parent/Surrogate Signature Date

The information on this form will remain confidential.

Please call _____ at _____
if you have any questions about the information provided above.

A copy of all procedural safeguards available to you is enclosed. Additional sources for you to contact to obtain assistance in understanding your rights are included with the procedural safeguards. Please read it carefully. We will review these with you when we meet.