



## PARENTAL PRIOR NOTICE & CONSENT FOR EVALUATION

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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## Parent Acknowledgement

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. As discussed in this information, you have the right to request formal dispute resolution should you disagree with the above proposed or refused action(s).

### 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.