Form EI-02

Today's date	Child's name	Child's DOB	ETID number

Prior Written Notice and Consent for Developmental Evaluation and Assessments

The **developmental evaluation** is conducted by an early intervention (EI) team — one or more professionals — to determine your child's eligibility when there is no confirmed qualifying medical condition.

The **assessment of your child**, often conducted at the same time, is meant to understand your child's participation within your family's daily routines and activities. The evaluation and assessment include:

- A review of relevant records, including medical records that you agree to release
- Observation of your child
- Input from you about your child's development, including your child's participation in daily routines and activities
- Use of evaluation and assessment tool(s) which provide information about your child's development in communication, adaptive/self-care, social/emotional, cognitive/thinking/problem solving, motor/movement, vision, and hearing

During the **family-directed assessment**, you share your **concerns** and **priorities** for successfully including your child in your daily activities. You will discuss potential **resources** you have or may need to assist you in supporting your child's development.

If your child is determined to be eligible, the information from your child's evaluation and assessment and the family-directed assessment is used to develop the Individualized Family Service Plan and to determine what EI services are needed to support you and your child. Written notice must be provided to you at least 10 calendar days before the evaluation and assessment.

We propose to (check all that apply):

☐ Identify your child's eligibility for EI by conducting a **developmental evaluation**

☐ Identify your child's strengths and needs through a **developmental assessment**

☐ Identify your concerns, priorities, and resources related to supporting your child's development through a **family-directed assessment**

Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s) _____ Date _____

My Service Coordinator has informed me of all information related to my child's evaluation and/or assessment as well as the family-directed assessment and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention Parent Rights brochure (ohioearlyintervention.org/printed-materials). I understand I have dispute resolution options if I have an EI complaint. I understand that for my child to be served in the EI system, eligibility must be determined and my child's assessment completed. I also understand that my decision about the family-directed assessment does not impact my child's eligibility to receive EI services. I understand that my consent is voluntary and can be withdrawn at any time.

I consent to the _____ (Initials) evaluation of my child _____ (Initials) assessment of my child _____ (Initials) family-directed assessment.

Parent name(s)	Parent signature(s)	Date

Department of Children & Youth

Help Me Grow Early Intervention