# NYC EARLY INTERVENTION PROGRAM CONSENT FOR EVALUATION OR SCREENING

Child’s Name:

Last First MI

EI #: DOB: Date of Referral

Dear Early Intervention Official Designee:

I authorize the  evaluation/  screening of my child by: **Important Steps, Inc\_\_\_\_\_\_\_\_\_**

 *Name of Evaluation Site*

The information will be used to determine my child’s eligibility for the Early Intervention Program. I understand that the evaluation site I have selected will coordinate and is the only agency authorized to arrange an Early Intervention evaluation or screening for my child.

I understand that a multidisciplinary evaluation team is made up of at least two therapists and/or teachers. This team will look at my child’s overall development. They will also look at my main concerns with how my child is developing. I have discussed my main concerns with my evaluation site. My main area(s) of concern is:

 Gross motor development – How my child is moving around (ex: sitting, rolling, standing, crawling, walking)

 Fine motor development – How my child uses their small muscles to do things like play with small toys, use a spoon/fork (fine motor, sensory skills)

 Adaptive skills – How my child is learning to take care of themselves such as with sucking a bottle, eating solid foods, drinking from a cup, sleeping, dressing, toileting

 Communication – How my child understands what is being said and uses sounds, words or gestures to let others know what they need

 Cognitive skills – How my child shows he’s thinking, learning, paying attention, figuring out how things work, using trial and error

 Social Emotional development – How my child relates to and gets along with adults and children, gets used to new places, expresses emotions and manages feelings

 Diagnosis (Specify):

In addition, I have a concern about my child’s hearing.

My evaluation site has discussed the difference between an evaluation and screening with me. I have been informed that I will be a part of my child's evaluation/screening, that I will receive the results of all evaluations/screening, and that a member of my evaluation team will review the results of my child’s screening or evaluation with me. A copy of all evaluations will be forwarded to the NYC Early Intervention Program to assist in developing the IFSP, if my child is found eligible.

Date: / /

Signature of Parent/Surrogate Parent

Date: / /

Signature of Evaluation Site Representative