CONSENT FOR EVALUATION

Date of referral: ________________________________  IFSP Due Date:__________

Service Coordinator:_____________________________________________________

As you participate with your child in our program, we must have your consent in writing before the initial or any services take place. Your consent is always voluntary and can be taken back at any time. We cannot provide early Intervention services with our first completing an Initial comprehensive evaluation. Once the evaluation is completed and we work with you to develop an Individualized Family Service Plan (IFSP), you can consent to one service and choose not to accept another one. The information gathered through this evaluation will be used for eligibility decision-making and to describe your child’s current developmental status.

Your family has a variety of rights as you participate in our program. For a complete explanation of your rights, Please review pages 14-46 of the FAMILY BOOK that was given to you by your service coordinator.

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I/ we understand and give consent for my / our child,
Child’s Name: _________________________________________________________

To receive a comprehensive evaluation from NN Early Childhood Intervention/Growing In Beauty Program. I/we understand that this consent will be valid effective from ______________________ to _____________________.

At this time I am Concerned about________________________________________

______________________________________________________________________

And would like the GIB staff to address this/these issue (s) during the comprehensive evaluation.

Parent Signature: __________________________________ Date:__________________