NOTICE AND CONSENT FOR SCREENING

| Child's Name | Date Written Prior Notice Given |
|---|---------------------------------|
| | |
| Written Prior Notice: Your child was referred to the Birth to 3 Program. A screening is recommended to determine whether your child is suspected of having a delay or disability. | |
| Other options considered but rejected include not doing a screening and conducting an evaluation. This decision is based upon | |
| The following tool will be used to screen your child's develop | nent: During the |

. During the following tool will be used to screen your child's development: _______. During the course of the screening, the team will consult with you to assess all five areas of your child's development: (1) cognition, (2) communication, (3) motor, including hearing and vision (4) social-emotional, and (5) self-help.

Once the screening is completed the results will be shared with you. Conducting a screening is optional for your family; a family may request an evaluation, to determine eligibility for the Birth to 3 Program at any time.

Before the screening can begin, your consent is needed. Before you sign below, you should know:

- 1. Your consent for the screening is voluntary. You may refuse consent, if you refuse, a screening will not be completed.
- 2. You may request an evaluation of your child to determine eligibility for the Birth to 3 Program at any time. If the screening results do not recommend an evaluation, you may still request one.

Please read the Parent and Child Rights document enclosed with this notice. If you have any concerns, please don't hesitate to call me.

| Name and Title of Contact Person | Phone Number |
|----------------------------------|--------------|
| | |

PARENTAL CONSENT TO SCREEN

By my/our signature below, I/we acknowledge that I/we have received and understand the parent and child rights statement; understand the proposed actions; and

- I / We **GIVE** consent for the screening of my child to determine if my child is suspected of having a delay or disability.
- □ I / We **DO NOT GIVE CONSENT** for the screening of my child to determine if my child is suspected of having a delay or disability.

SIGNATURE of Parent or Legal Guardian

Date Signed

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Date Signed