



Infant & Toddler Connection of Virginia

TO: Family _____
 Address _____
 City, State & Zip _____

RE: Child's Name _____

Notice and Consent for Assessment for Service Planning ITCV-PS-1(R) 4-13

Reason for Notice

The Infant & Toddler Connection of Virginia is required to provide you with written prior notice within a reasonable time (5 calendar days) before conducting assessment activities for service planning. It is required that you give informed, written consent for these activities through your signature below. The purpose of assessment is to determine the developmental strengths and needs of your child and/or to identify the needs of your family to assist your child. This is your statement of that notice.

"Consent" means that: (1) You have been fully informed of all information about the activity(ies) for which consent is sought in your native language (unless clearly not feasible to do so) or other mode of communication; (2) that you understand and agree in writing to the carrying out of the activity(ies) for which consent is sought; (3) the consent describes the activity(ies); and (4) the granting of your consent is voluntary and may be revoked in writing at any time.

Description

The initial team assessment includes reviewing existing medical and developmental information and conducting observation and assessment to assist the IFSP team in identifying the early intervention supports and services necessary to meet your child's unique needs in all areas of development. This step in the early intervention process also includes the identification of the resources, priorities and concerns of your family through a voluntary family assessment using a method comfortable for you. Once your child is receiving services, ongoing assessment happens as a routine part of service delivery. Sometimes a follow-up or annual assessment will be needed. Your participation in all assessment activities is strongly encouraged. You know your child best and can provide important information about your child.

Action Proposed: (Check the one that applies)

- Initial Assessment - A multidisciplinary team assessment will be conducted by at least two qualified individuals from different disciplines or one individual who is qualified in more than one discipline. The assessment is a comprehensive view of how your child is doing in the developmental areas of cognition, gross motor, fine motor, communication, social-emotional, adaptive, vision, and hearing. If not previously completed, a vision and hearing screening will be conducted as part of the assessment. The assessment will include, with your permission, a discussion of your family's daily routines and activities and your thoughts about how your child is doing during daily activities. These results are kept in your child's early intervention record and will only be released with your written consent.
- Follow-Up Assessment – One or more qualified individuals will conduct child assessment in one or more areas of development to help the IFSP team determine whether changes to outcomes, strategies or services are needed.
- Annual Assessment – One or more qualified individuals will conduct child assessment in one or more areas of development to determine whether your child is still eligible for early intervention and/or to help the team develop the annual IFSP.

Timelines

The determination of eligibility for early intervention services, the initial assessment and development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred to the Infant & Toddler Connection of Virginia unless your family needs additional time. If your family needs additional time beyond the 45 days, please tell your Service Coordinator.

Date your child was referred to the Infant & Toddler Connection of Virginia _____

A follow-up or annual assessment must be completed within 30 calendar days of the date you sign this consent form unless your family needs additional time.

Acknowledgment and Statement of Consent

I have received a copy and explanation of family rights under Part C of IDEA (Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share) and I understand them.

I do / do not give my informed consent for Infant & Toddler Connection of Virginia to carry out the child assessment activity(ies) indicated above. If this is a follow-up or annual assessment, I was given the opportunity to choose a provider(s) for the assessment: _____ (Provider name and agency)

I do / do not give my consent for Infant & Toddler Connection of Virginia to carry out the family assessment. Declining to participate in the family assessment will not jeopardize our ability to receive the supports and services for which my child is eligible.

Signature of Parent(s) _____ Date _____
 Received by:

Name/Title _____ Date _____

Note: Parents are to receive a copy of this form.

Attachments: *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*

Optional:

I understand the above and agree that these activity(s) may occur prior to the 5 calendar day prior notice timeline.

Initials of Parent(s) _____ Date _____