



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) 7-10

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 as well as 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

Assessment for service planning includes several steps in the early intervention process. The required activities will occur through a combination of a phone contact(s) and/or a visit(s) with your family. The number of visits and phone calls needed to accomplish these activities will be individualized to meet your family's need for information, time to consider options and other family scheduling preferences. A multidisciplinary team reviews existing medical and developmental information and conducts observation and assessment of your eligible child 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.

Action Proposed

A multidisciplinary team assessment will be conducted by at least two qualified individuals from different disciplines. Your participation as a member of this team is strongly encouraged. You know your child best and can provide important information about your child. 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.

Timelines

The determination of eligibility for early intervention services, the multidisciplinary team 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 _____

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 in the Infant & Toddler Connection of Virginia Part C Early Intervention System) and I understand them.

I have received a copy and explanation of "Facts about Family Cost Share" and I understand them.

Parent Initials

I **do** ___/ **do not** ___ give my informed consent for Infant & Toddler Connection of Virginia to carry out the child assessment activity(ies) described above.

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.

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