



# Infant & Toddler Connection of Virginia

LICC/Provider Label (w/ Phone Number)

TO: Family  
 Address  
 City, State & Zip

RE: Child's Name  
 ID Number

## Notice and Consent for Initial Evaluation/Assessment ITCV-PS-1(R) 9/02

### 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 evaluation and assessment activities. It is required that you give informed, written consent for these activities through your signature below. The purpose of evaluation and assessment is to determine your child's initial eligibility for Infant & Toddler Connection of Virginia, as well as your child's developmental strengths and needs. 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.*

### Action Proposed

A multidisciplinary team evaluation will be conducted by at least two qualified individuals from different disciplines. Your participation as a member of the evaluation team is strongly encouraged. You know your child best and can provide important information about your child. The evaluation 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. The evaluation results will indicate how your child is doing in all of these areas. These results are kept in your child's early intervention record. This information will remain confidential.

### Description

How the evaluation/assessment is performed will vary based on the needs of your child. It may include review of medical/developmental records, parent interview, child observation, and administration of formal and informal developmental evaluation tools. Evaluation team members will talk with you about these methods.

### Timelines

The multidisciplinary team evaluation and development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred for an evaluation and assessment. If your family needs additional time beyond the 45 days, it is important that you tell your Service Coordinator. The IFSP is a written plan developed in partnership with your family and professionals to meet the ongoing needs of your child and family. It can be changed at any time. The IFSP is written only if your child is eligible for services through the Infant & Toddler Connection of Virginia System. If your child is not eligible, you will receive an evaluation report.

Date your child was referred for evaluation/assessment to Part C \_\_\_\_\_

### Acknowledgment and Statement of Consent

I have received a copy of my rights under Part C of IDEA (Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System) along with this notice. I have also received a copy of Facts About Family Fees. These rights and information about family fees have been explained to me and I understand them. I have also received a copy of Strengthening Partnerships: A Guide to Family Safeguards in the Virginia Early Intervention System.

\_\_\_\_\_  
 Parent Initials

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

\_\_\_\_\_  
 Signature of Parent(s)

\_\_\_\_\_  
 Date

### Received by:

\_\_\_\_\_  
 Name/Title

\_\_\_\_\_  
 Date

**Optional:** I understand the above and agree that these activity(s) by the Infant & Toddler Connection of Virginia System may occur prior to the 5-calendar-day prior notice timeline.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Initials

Attachments: *Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System; Facts About Family Fees Strengthening Partnerships: A guide to Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*

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