

Informed Notice & Consent for Screening, Evaluation, Assessment and Follow-Up Review

Child's Name:	Date of Birt	Date of Birth:	
Initial Screening- Early Steps may conduct a intensive evaluation and assessment are need following areas to determine if there is a delay language), physical (fine and gross motor), he behavioral, or other areas. If your child is foun to your child's Individualized Family Support Fany time during the initial screening process.	ded. A screening is a brief proced ed development: Hearing, vision alth/medical, cognition, social/en d eligible for Early Steps, the scr	dure that may look at some of all of the n, communication (speech and notional, self-help (adaptive), reening information will also be helpful	
Initial Evaluation/Initial Assessment – Beforand an assessment to determine eligibility and and/or assessment shall be done by a team mevaluations will be carefully selected based or provide information about your family and its molecular took at the following areas: hearing, vision, condevelopmental, social and emotional, self-help evaluations and assessments may also be use your child will not be able to receive early interest.	It to plan for services that will best ade up of you and at least two proposed up of you and at least two proposed upon child's age, developmental attended for services and support. The mmunication/speech/language, proposed (adaptive), behavioral, family, ded. If you do not provide consent	at meet his/her needs. An evaluation professionals. Specific types of all level and needs. You will be asked to the evaluation and assessment may psychological, physical/health/medical, or other areas. The results of previous	
Follow-Up Screening, Evaluation, and Revi identify you child's current level of functioning developmental delay that qualifies him or her not provide consent then your child will no lon services.	and/or service needs or to detern for Early Steps. If a follow-up eva	mine if your child still has a level of aluation is recommended and you do	
The following action, as checked, is recomme	nded for your child:		
Screening			
Initial Evaluation and/or Assessment			
Follow-up Screening, Evaluation or Review	I		
A copy of my rights under the Individuals of form and explained to me.	with Disabilities Education Act	(IDEA) has been provided with this	
☐ I give my permission for the action(s) recor	nmended above.		
I do not give my permission for the action(s			
Parent provided verbal consent			
Signature of Parent of Guardian		Witness	
Print Name		Print Name	
Date		Date	