## NYC EARLY INTERVENTION PROGRAM

## CONSENT FOR EVALUATION AND SCREENING

Child's Name: _____
Last First MI

EI #: _____ DOB: ____/____/____

Date of Referral ____/____/____

Dear Early Intervention Official Designee:

I authorize the evaluation of my child by:_____
Name of Evaluation Site

to determine my child's eligibility for the Early Intervention Program. I understand that several people will be involved in the evaluation process. I also understand that the evaluation site that i have selected will coordinate the evaluation(s) and is the only agency authorized to arrange an Early Intervention evaluation for my child.

I have been informed that I will be involved in my child's evaluation and, I will receive the results of all evaluations, and that a copy of all evaluations will be forwarded to the NYC Early Intervention Program. If my child is eligible for the Early Intervention Program, the evaluations will assist in developing my child's Individualized Family Service Plan (IFSP).

_____ ____/____/____
Signature of Parent/Surrogate Parent Date:

_____ ____/____/____
Signature of Evaluation Site Representative Date: