

# Form EI-01

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_  
Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

### Service coordinator use only

On  (date), a copy of this notice and consent was provided to the parent(s)  
 in-person  via mail  via email

## Prior Written Notice and Consent for Developmental Screening

The developmental screening is used to determine if your child is suspected of having a developmental delay. The screening includes gathering information from you, the parent, and other(s) that you choose, observing the child, and using a screening instrument that covers all areas of development. You may request a developmental evaluation at any time regardless of the result of the screening. Written notice must be provided to you at least 10 calendar days before the screening.

My service coordinator has informed me of all information related to the developmental screening and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and consent to the developmental screening of my child.

Parent name(s) \_\_\_\_\_ Signature of parent(s) \_\_\_\_\_ Date \_\_\_\_\_

### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s) \_\_\_\_\_ Date \_\_\_\_\_



Department of  
Developmental Disabilities

An Equal Opportunity Employer and Provider of Services  
July 2019

