

Form EI-03

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.

Date FDA offered _____

Prior Written Notice and Consent for the Family-Directed Assessment

Early Intervention (EI) builds upon and provides supports and resources to assist family members and caregivers to enhance the child's development and participation in everyday activities. As a parent, you know your child better than anyone. You know what happens daily that brings delight or offers unique challenges for you and your family.

The family-directed assessment is your opportunity to tell your EI team in more detail about your concerns and priorities for including your child successfully in all your daily activities and the potential resources to assist you. The family-directed assessment is voluntary, and only family members who wish to participate will be included.

You have the right to share as much or as little about your family as you like. Written notice must be provided to you at least 10 calendar days before the family-directed assessment.

My service coordinator has informed me of all information related to family-directed assessment and explained my parent rights, including giving consent. I have a copy of the Ohio EI Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

I consent to the family-directed assessment.

I do not consent to the family-directed assessment.

Parent name(s) _____

Parent signature(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