

Form EI-02

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 Evaluation and Assessment

Early Intervention (EI) eligibility may be determined through an evaluation. The developmental evaluation is conducted by an EI team — one or more professionals — to determine your child's eligibility. The assessment, usually conducted at the same time, is meant to understand your child's participation within your family's daily routines and activities. The evaluation and assessment include:

- A review of relevant records, including medical records that you agree to release;
- Observation of your child;
- Input from you about your child's development; and
- Use of evaluation and assessment tool(s) which provides information about your child's development in communication, adaptive/self-care, social/emotional, cognitive/thinking/problem solving, motor/movement, vision, and hearing.

This information, along with the information you provide about your family's resources, priorities, and concerns, sets the stage for developing the Individualized Family Service Plan and determining what EI services are needed to support you and your child. Written notice must be provided to you at least 10 calendar days before the evaluation and assessment.

We propose to (check all that apply):

- Identify your child's eligibility for EI by conducting a developmental evaluation.
- Identify your child's strengths and needs through a developmental assessment.

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

I consent to the evaluation assessment of my child (check one or both, as applicable).

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



Department of
Developmental Disabilities

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