



PERMISSION TO EVALUATE

Child's Name: _____

Parent's Name: _____

Based on your interest in Early Intervention services, we need your permission to evaluate your child for

___ Initial eligibility (tests/procedures to determine initial eligibility to include vision and hearing screening)

___ Ongoing eligibility (tests/procedures to prepare for the annual IFSP meeting)

___ Other _____
Please specify

Per our discussion, you and the evaluation team agree the evaluation will take place:

___ At your home, another family member's home, childcare, etc.

___ At the EI Program/DEIC's location

___ Virtually due to _____
Reason must be specified

**Evaluations approved to be conducted virtually are IDA2, DAYC2, ELAP, and DP3*

Please check your response:

___ I give permission for my child to be evaluated.

___ I do Not give permission for my child to be evaluated.

Signature of Parent

Date

Enclosed: Early Intervention Child & Parent Rights