



New Jersey Early Intervention System

Prior Written Notice & Consent for Initial Evaluation/Assessment

CHILD'S NAME	DOB	SPOE ID
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Reason for Notice

The New Jersey Early Intervention System (NJEIS) is required to provide you with prior written notice within a reasonable time (10 calendar days) before conducting evaluation and assessment activities. This is your statement of that notice. Your written consent for these activities is needed. The purpose of evaluation and assessment is to obtain information about your child from you and other people you ask to participate; provide your family with additional information about your child's development; identify the unique strengths and needs of your child and the services that may be appropriate to meet those needs; and determine whether your child is eligible for NJEIS. If your child is eligible, with your agreement and participation, a written Individualized Family Service Plan (IFSP) will be developed.

Consent" means that: (1) You have been fully informed of all information about the activity(s) for which consent is sought in your native language (unless clearly not feasible to do so) or other mode of communication; (2) that you understand and agree in writing to the carrying out of the activity(s) for which consent is sought; (3) this consent form describes the activity(s) and record(s) to be released, if any, to whom; (4) the granting of your consent is voluntary and may be revoked in writing at any time; and (5) revoking of consent does not apply to an action that has already occurred. 34 CFR 303.7

Action Proposed

A multidisciplinary team evaluation/assessment will be conducted by at least two qualified individuals from different disciplines in accordance with NJEIS policies and procedures. Your participation as a member of the evaluation team is strongly encouraged. You know your child best and can provide important information about your child. The evaluation/assessment is a comprehensive view of how your child is doing in the developmental areas of cognition, gross motor, fine motor, communication, social-emotional, adaptive, vision, and hearing. The evaluation/assessment results will indicate how your child is doing in all of these areas.

Description

Evaluation/Assessment procedures include administering an evaluation instrument; taking the child's history, including interviewing you; gathering information from other sources, such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and reviewing medical, educational or other records. Assessments include reviewing the results of evaluation conducted; personal observations of your child; and the identification of your child's needs in each of the developmental areas. Evaluation/assessment will be provided at no cost to you. No information about the evaluation will be shared with anyone or any agency outside of the NJEIS unless you provide written consent to do so.

Timelines

Date your child was referred to NJEIS for evaluation/assessment:

The multidisciplinary team evaluation/assessment and if your child is eligible, and you agree, the development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred. If your family needs additional time beyond the 45 days, it is important that you tell your Service Coordinator. The IFSP is a written plan developed in partnership with your family and professionals to meet the ongoing needs of your child and family. It can be changed at any time. The IFSP is written only if your child is eligible for services.

Acknowledgment and Statement of Consent

I have received a copy of my rights under Part C of IDEA (**NJEIS Family Rights**) with this notice. Parent Initials

These rights have been explained to me and I understand them. I understand that my consent is voluntary and that I can choose, at any time, not to have my child evaluated/assessed even after signing this form. I understand that if I choose not to consent to this evaluation and assessment, my child will not be evaluated or assessed and cannot receive early intervention services under NJEIS.

I do <input type="checkbox"/> do not <input type="checkbox"/> give my informed consent for NJEIS to carry out the activity(s) described above.		Optional: I understand the above and agree that these activity(s) by NJEIS may occur prior to the 10-calendar-day prior notice timeline. Date <input style="width: 80px; height: 20px;" type="text"/> Parent Initials <input style="width: 80px; height: 20px;" type="text"/>
Print Parent(s) Name:		
Parent(s) Signature:	Date:	
Received by Name/Title/Agency	Date	

Note: Parents are to receive a copy of this form and a signed copy is to be included in the child's early intervention record.