



New Jersey Early Intervention System Prior Written Notice & Consent for Subsequent 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; 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 remains eligible for NJEIS. If your child continues to be eligible, with your agreement and participation, develop or modify a written Individualized Family Service Plan (IFSP).

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

- An assessment will be conducted by an appropriately qualified practitioner in accordance with NJEIS policies and procedures to obtain additional information on your child in the following developmental areas:
 - Adaptive Social/Emotional Communication Gross Motor Fine Motor Cognitive
- A developmental evaluation using the Battelle Developmental Inventory 2nd Edition (BDI-2) will be conducted to obtain additional information regarding your child's continued eligibility. The evaluation results will indicate how your child is doing in the developmental areas of adaptive, personal/social, communication, gross motor, fine motor, and cognitive.
- An Exit Evaluation will be conducted using the BDI-2 to gather data for reporting on outcomes for children receiving early intervention services in NJ. Your child's initial and exiting BDI-2 evaluation results are combined into a state report on child outcomes submitted annually to the Federal Office of Special Education Programs (OSEP). Individual child scores or name are never reported.

Description

Evaluation 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.

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 even after signing this form. I understand that if I choose not to consent to evaluation or assessment, my child will not receive the evaluation /assessment; continuing eligibility cannot be determined; and an IFSP to authorize continued services will not be developed.

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.	
Print Parent(s) Name:			
Parent(s) Signature:	Date:	Date	Parent Initials
Received by Name/Title/Agency	Date	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>

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.