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EIP-CONS-2
Issued: 2/27/98

NYC EARLY INTERVENTION PROGRAM
PARENTAL CONSENT FOR EVALUATION

Child's EI ID No.: _____ Child's DOB: ___/___/___

Child's Name: _____
Last First

Date of Referral: ___/___/___

Dear Early Intervention Official Designee:

I authorize the evaluation of my child by Marion K. Salomon & Assoc.
Name of Evaluation Site

For possible early intervention services, I understand that several people will be involved in the process to determine whether my child is eligible for services. I also understand that this evaluation site will coordinate the evaluation process and is the only agency that is authorized to arrange an Early Intervention evaluation.

I have been informed that I will be involved in my child's evaluation and Individualized Family Service Plan (IFSP) planning, that I will receive the results of all evaluations, and that a copy of all evaluations will be forwarded to the NYC Early Intervention Program to assist in the Determination of service needs.

Signature of Parent/Guardian

Date: ___/___/___

Signature of Evaluation Site Representative

Date: ___/___/___

If applicable, check below:

- We have explained to the parent that we have a waiting list for evaluations and that we may not be able to complete an evaluation in sufficient time for an IFSP meeting to be convened within forty-five days of the date of referral.

Signature of Evaluation Site Representative

NOTE: It is still necessary for the initial service coordinator to ask the parent to sign the **Parental Waiver of 45 Day Limitation** form if the parent, after a discussion of other options, chooses to wait for this evaluation.

1/02/02

NYC EARLY INTERVENTION PROGRAM

REVISED PROCEDURE AND FORM:

**REASON FOR DELAYED SUBMISSION OF
MULTIDISCIPLINARY EVALUATION**

Completed by Evaluation Provider Agency

Child's EI ID No. _____ Child's D. O. B. : ____/____/____

Child's Name: _____

Name(s) of Evaluation Provider Agency(ies): Marion K. Salomon & Assoc......

Date of Referral to NYC Early Intervention Program: ____/____/____

Please indicate the Reason(s) for Delayed Submission of MDE:

- Child illness.
- Parent illness.
- Other family reasons (please specify): _____
- Referral for evaluation from service coordinator was not received until: ____/____/____
- Delay in determining surrogacy for child in foster care.
- Other reasons/comments:

Signature of evaluation representative: _____/____/____

Signature of parent: _____/____/____

Note: If completion of this form is necessary, it should be submitted to the Regional Office and service coordinator within thirty (30) days of the referral date. A copy should also be attached to the evaluation packet.