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### Evaluator/Parent Conference Attestation

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ NYEIS# \_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Date of Contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Contact: \_\_\_\_\_:\_\_\_\_\_ am pm

I attest that I contacted the above named parent to discuss the EI evaluation findings for their child:

\_\_\_\_\_ I explained to parent(s) the evaluation results

\_\_\_\_\_ Eligibility criteria was discussed

\_\_\_\_\_ Parent fully understood evaluation results

\_\_\_\_\_ Parent(s) agreed that all the evaluations appropriately addressed their concerns, and that they reflected their child's current developmental functioning level

\_\_\_\_\_ If child does not meet EIP eligibility criteria, I explained alternative options to parent

In addition, the following information was discussed with the parent:

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Parent's comments regarding the discussion:

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\_\_\_\_\_  
Name of Evaluator

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Signature of Evaluator