



Early Intervention Program Consent for Evaluation and Screening

Child's Name _____ DOB _____ EI# _____

I, _____, have chosen MKSA to conduct my child's Early Intervention evaluations.
PRINT

Date of Evaluation _____ Evaluator Name (s) _____
PRINT

- I understand that several people will be involved in the evaluation process. All evaluators will discuss their findings with each other, and the evaluation site will coordinate the process. MKSA is the only agency authorized to arrange these Early Intervention Evaluations.
- Review of any previous evaluations, assessments, medical records may be necessary for the purpose of a diagnosis or to establish eligibility.
- I will be involved in my child's evaluation and, I will receive the results of all the evaluations, and that a copy will be forwarded to the Early intervention Program. If found eligible, these evaluations will assist in developing my child's Individual Family Service Plan. (IFSP)
- I understand that I am responsible to sign and return the Parental Consent to Use Email form to MKSA. Communication with this evaluator may take place without the use of encryption at the email addresses below.
- I understand that MKSA will be contacting my child's pediatrician in order to obtain a current health status report and/or RX as part of this evaluation.

Pediatrician Name _____ Practice Name: _____

Phone: _____ Fax: _____

Parent/Guardian Signature: _____ Date: _____

Email Address: _____

Evaluator Signature: _____ Date: _____

Email Address: _____ Discipline: _____

Evaluator Signature: _____ Date: _____

Email Address: _____ Discipline: _____

Please check one: ___ Nassau ___ Suffolk ___ Queens ___ Brooklyn ___ Manhattan