NYC EARLY INTERVENTION PROGRAM

CONSENT FOR EVALUATION AND SCREENING

Child's Name:					
	Last	First			MI
EI #:		DOB:	/_	/	
Date of Referral					
Dear Early Intervent	ion Official Designee:				
I authorize the evalu	ation of my child by:	Name of Evalua	-A' C'A-		***
			_		
will be involved in t	ld's eligibility for the Early the evaluation process. I alwaluation(s) and is the onlaid.	lso understand that the	e evaluation	site tha	t i have selected
all evaluations, and Program. If my child	d that I will be involved in that a copy of all evaluation d is eligible for the Early I l's Individualized Family S	ons will be forwarded ntervention Program,	to the NYC	Early	Intervention
C:		\4			
Signa	nture of Parent/Surrogate F	атеп	L	ate:	
			•	_/	
Signa	ature of Evaluation Site Re	epresentative	Γ	ate:	