



**Nassau County  
DEPARTMENT OF HEALTH  
OFFICE OF CHILDREN WITH SPECIAL NEEDS  
Early Intervention Program**

**BILINGUAL EVALUATION JUSTIFICATION**

Child's Name \_\_\_\_\_

The enclosed evaluation(s) is considered to be bilingual due to the following: (Check where appropriate)

The [  ]MDE / [  ]Supplemental Evaluation(s) was performed in \_\_\_\_\_  
(Second Language)

Evaluation(s) / Discipline(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Name/Title of Evaluator(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

**OR**

An *interpreter*\* was present during the [  ]MDE / [  ] Supplemental Evaluation(s) to assist a monolingual evaluator and the family with the evaluation process.

Name of Interpreter \_\_\_\_\_

**AND**

The [  ]written / [  ]oral summary of this evaluation was provided to the family in the dominant language or other mode of communication of the parent.

To the extent feasible and with the parent's preference, consent and confidentiality requirements, the written/oral summary of the evaluation must be provided in the dominant language or other mode of communication of the parent.

[  ] Parent requested English Summary Narrative      [  ] Parent requested **non-English** Summary Narrative

\_\_\_\_\_  
Parent Signature to the Above Choice

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

***If written summary not feasible, please explain:***

*\* An interpreter interprets the spoken word either from one language to another, or to another mode such as sign language. Family members should not be used as interpreters unless absolutely unavoidable. Additionally, siblings should not be asked to take on the role of explaining a sibling's disability to his/her parent.*

\_\_\_\_\_  
Signature/Title of Person Attesting to the Above

\_\_\_\_\_  
Agency (if applicable) of Person Attesting

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date