



## 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(s) \_\_\_\_\_ Type of Evaluation(s) \_\_\_\_\_

Name of Evaluator(s): \_\_\_\_\_

- I understand that several people may be involved in the evaluation process. Evaluator(s) 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 (for Initial Core Evaluations) and/or Prescription (Rx) (for supplemental motor evaluations) as part of this evaluation.

<b>Pediatrician Name:</b> (required)	<b>Phone:</b> (required)
<b>Practice Name:</b> (required)	<b>Fax:</b>

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Suffolk

Nassau