



## Consent for Screening, Evaluation and Assessment

For Initial IFSP     For Annual IFSP     Other Reason (describe): \_\_\_\_\_

Child's Name	_____	Date of Birth	_____
Address:	_____	BabyNet ID #	_____
	_____	Medicaid #	_____
Parent Name:	_____		_____

You (parent/guardian) have the right to determine what, if any, BabyNet system services are provided to your child. No BabyNet system services will be provided unless you are informed about them, agree to them, and indicate your consent in writing.

Developmental screenings (including vision and hearing) are needed in order to determine need for additional evaluation and/or assessment. Evaluations and assessments give a more comprehensive view of how your child's health and developmental status.

Evaluations and assessments may be needed to:

- Determine if your child is eligible for BabyNet system services; and/or
- Guide development of an Individualized Family Service Plan (IFSP). The IFSP is a written plan developed in partnership with your family and multidisciplinary team members to meet the ongoing needs of your child and family while you receive BabyNet services.

The screening, evaluation and/or assessment process may include review of medical/developmental records, parent interview, child observation, and administration of developmental tools. Your Intake/Service Coordinator will talk with you about these methods. Any information gathered will be kept in your child's BabyNet record and will remain confidential.

*Please check the boxes and sign below to give permission for these services.*

- I give permission for BabyNet to conduct developmental screenings, evaluations and/or other assessments required to determine eligibility for BabyNet services and to develop an Individualized Family Service Plan (IFSP).
- I have received a copy of the BabyNet *Notice of Child and Family Rights in the BabyNet System*. These rights have been explained to me and I understand them.

\_\_\_\_\_

Parent(s) Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Intake/Service Coordinator Signature

\_\_\_\_\_

Date



# INSTRUCTIONS

## Consent For Screening, Evaluation and Assessments

(SCFS/BN005)

### A. PURPOSE:

To document parental consent for developmental screenings (including vision and hearing) and additional evaluations or assessments required for planning and delivery of IDEA Part C services within the BabyNet system.

### B. USES

The Intake/Service Coordinator uses this form during intake process and/or during annual IFSP review to obtain consent for screening, evaluation and assessment.

### C. INSTRUCTIONS

1. Check reason for requesting consent (intake, annual IFSP or other reason).
2. Enter identifying information or use label.
3. Give the family a copy of the *Notice of Child and Family Rights in the BabyNet System*. Review and explain the parent's rights with them.
4. Parent checks appropriate boxes to indicate consent and receipt of the *Notice of Child and Family Rights in the BabyNet System*.
5. The Intake/Service Coordinator signs and dates the form.