

Early On Parental Consent

Assessment/Evaluation Type

- ☐ Initial Evaluation
- ☐ Initial Assessment
- ☐ Evaluation for Ongoing Eligibility
- ☐ Ongoing Assessment

Child's Legal

Name: _____

Birthdate: _____

Parent/Guardian

Name: _____

Information

Early On Michigan helps to make sure eligible children get the services they need to be healthy, grow and develop appropriate skills. To find out if your child qualifies for services from Early On, or to assess your child's development, your child will be evaluated in the following areas:

- Communication: how your child understands and lets you know what he/she wants.
- Social-Emotional: how your child gets along with family members and other people.
- Cognitive: how your child thinks and solves problems.
- Adaptive: how your child performs tasks such as dressing, feeding, and toileting.
- Physical: Motor-how your child moves. Health Status-reviewing your child's health history and status, including vision and hearing screenings.

You know your child best and can provide important information about your child. Additionally, your child's doctor and others who know your child may be asked to provide information about strengths, needs, health, and development. Early On only gathers information about your child with your permission.

The information gathered is kept in a confidential Early On record. More information about how Early On works and your family rights is in the Early On Michigan 'Your Family has Rights' brochure found at: www.1800earlyon.org/EarlyOnFamilyRights.

Consent

Please indicate Yes or No for the following statements that apply:

- ☐ I would like to learn if my child and family are eligible to participate or continue in Early On Michigan.
YES NO I consent to the evaluation/assessment to my child's abilities.
YES NO I consent to the review of medical, educational, or other records to assist in the evaluation/assessment of my child.
YES NO I understand this consent form
- ☐ I DO NOT give consent for an evaluation/assessment of my child. I understand that my child will not be evaluated for Early On eligibility. I understand that without consent and evaluation, and Individualized Family Service Plan (IFSP) will not be developed and we will not receive services available through Early On Michigan.

Signature of Parent/Guardian: _____ Date: _____

Early On Representative: _____ Date: _____