



Prior Written Notice and Consent For Screening | Assessment | Evaluation

_____ **Child's Name** _____ **Date of Birth** _____ **Client ID** _____ **Date**

Under 34 CFR §303.421, the ECI program must give you a written notice (information received in writing), whenever the program: (1) Proposes to begin or change the identification, evaluation, or placement of your child or the provision of early intervention services to your child; or (2) Refuses to begin or change the identification, evaluation, or placement of your child or the provision of early intervention services to your child. This notice includes a copy of *DARS ECI Procedural Safeguards Related to Prior Written Notice and Consent* which provides more information.

Your child's screening, evaluation, and/or assessment has been scheduled at this date and time; it can be rescheduled if needed.

_____ **Date** _____ **Time** _____ **Location**

Action proposed or refused:

- Evaluation of your child
- Assessment of your child

In the following developmental areas:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Cognitive | <input type="checkbox"/> Adaptive/self-help |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Communication | <input type="checkbox"/> Personal social/social emotional |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Gross motor | <input type="checkbox"/> Assistive technology |
| <input type="checkbox"/> Development | <input type="checkbox"/> Fine motor | <input type="checkbox"/> Autism |

Reason(s) why this action(s) is being proposed or refused:

- | | |
|---|--|
| <input type="checkbox"/> To determine whether further evaluation is needed | <input type="checkbox"/> To determine if your child is eligible for ECI services |
| <input type="checkbox"/> Based on screening results, an evaluation is not recommended | <input type="checkbox"/> To determine service needs of your child |
| <input type="checkbox"/> Other _____ | |

The following records, reports, and/or procedures will be/were used as a basis for this determination:

- | | |
|---|---|
| <input type="checkbox"/> Routines Based Assessment (RBA) | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> Battelle Developmental Inventory-2 (BDI-2) | <input type="checkbox"/> Infant Development Inventory (IDI) |
| <input type="checkbox"/> ASQ: Social-Emotional | <input type="checkbox"/> Hawaii Early Learning Profile (HELP) Strands |
| <input type="checkbox"/> Ages & Stages Questionnaire (ASQ) | <input checked="" type="checkbox"/> Informed clinical observation/opinion |
| <input type="checkbox"/> Modified Checklist for Autism in Toddlers (M-CHAT) | <input type="checkbox"/> Rossetti Infant-Toddler Language Scale |
| <input type="checkbox"/> Therapy reports | <input checked="" type="checkbox"/> Parent report/parent interview |
| <input type="checkbox"/> Other _____ | |

The following people will participate in the scheduled meeting. You may also invite anyone you would like to participate in this meeting.

Name	Discipline
_____	_____
_____	_____
_____	_____
_____	_____

The following people or agency representatives have also been invited with your permission:

You have the right to disagree with the above proposed or refused action(s) and you may file a complaint, request mediation, or request a due process hearing.

Please contact me/us at _____ if you have questions or if you need to reschedule this meeting.

_____ **ECI Staff Signature** _____ **ECI Staff Printed Name**

This notice was mailed given in person

I do _____ **/ do not** _____ **give my consent for screening of my child**

I do _____ **/ do not** _____ **give my consent for evaluation/assessment of my child**

_____ **Parent/Guardian/Surrogate Signature** _____ **Date**

_____ **Interpreter Signature** _____ **Date**