

**NYC EARLY INTERVENTION PROGRAM
PARENTAL CONSENT FOR EVALUATION**

Child's EI ID No.: _____ Child's DOB: _____

Child's Name: _____
Last First

Date of Referral

Dear Early Intervention Official Designee:

I authorize the evaluation of my child by **Los Niños Services, Inc.**
Name of Evaluation Site

for possible early intervention services. I understand that several people will be involved in the process to determine whether my child is eligible for services. I also understand that this evaluation site will coordinate the evaluation process and is the only agency that is authorized to arrange an Early Intervention evaluation.

I have been informed that I will be involved in my child's evaluation and Individualized Family Service Plan (IFSP) planning, that I will receive the results of all evaluations, and that a copy of all evaluations will be forwarded to the NYC Early Intervention Program to assist in the determination of service needs.

Signature of Parent/Guardian Date: ____/____/____

Signature of Evaluation Site Representative Date: ____/____/____

If applicable, check below:

- We have explained to the parent that we have a waiting list for evaluations and that we may not be able to complete an evaluation in sufficient time for an IFSP meeting to be convened within forty-five days of the date of referral.

Signature of Evaluation Site Representative