



# Consent for Evaluation

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Early On® Michigan helps to make sure eligible children get the services they need to grow and develop. These services may come from different agencies. To find out whether or not your child qualifies for these services, an evaluation is done.

During the evaluation, information about your child's strengths, needs, health and development will be requested. You, your child's doctor, and others who know about child growth and development will be asked to give information, but only with your permission. You will also be asked to give some general information about your family including resources, concerns, and priorities as they relate to your child. If you do not wish to talk about your family, you can still receive services for your child if he or she qualifies.

The information that is gathered is the confidential Early On record. Basic information about your child will be entered on a computer list of children receiving services through Early On.

**Please initial each statement that applies:**

\_\_\_\_ Early On Michigan has been explained to me, including my rights as a parent.

\_\_\_\_ Prior to giving consent for an evaluation, I have received a copy of:

- \_\_\_\_ Resource Directory
- \_\_\_\_ Family Rights
- \_\_\_\_ Family Information Red Folder
- \_\_\_\_ WISD Parent Handbook

\_\_\_\_ I consent to evaluation and assessment of my child's skills in:  
thinking, seeing, hearing, moving, communicating, relating to others/self, taking care of basic needs.

\_\_\_\_ I consent to a personal interview about my family's resources, concerns and priorities related to my child, and understand I only have to give information I am comfortable sharing.

\_\_\_\_ I consent to share evaluations already done (see Authorization to Share Information form).

**OR**

\_\_\_\_ I do not wish to participate in Early On Michigan at this time. I understand that this means that my child and family will not be assessed or evaluated for Early On eligibility. I further understand that an Individualized Family Service Plan (IFSP) may not be developed and my family may not be eligible for services available through Early On Michigan.

\_\_\_\_ Signature of Parent \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Signature of Service Coordinator \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Special Education Authorized Signature \_\_\_\_\_ Assigned Team/Staff \_\_\_\_\_ Date \_\_\_\_\_  
(if appropriate)