Date­­­\_\_\_\_\_\_\_\_\_

Dear *(parent[s] name[s])*

*(EI/ECSE Program****)*** received a referral from (*referral source)*because of concerns or questions about (*child's first name)’s*development. We would like to do a developmental screening to better understand and identify the area or areas of concern.

*(choose this option)*

󠇀 Please complete all of the questions on the enclosed developmental screening packet and return it to (*EI/ECSE Program*) in the postage-paid envelope by (*date*). This information will help us get a good idea about your child’s skills. You may choose not to complete this packet and request a developmental assessment to determine eligibility for early intervention services at any time.

When our program receives your packet, a developmental specialist will review the information and contact you by telephone to discuss your child’s development. If you have any questions, feel free to contact our office at *(phone number).*

*(or choose this option)*

󠇀 We would like to do the developmental screening with you and your child. When we finish the screening we will review the information and discuss your child’s development with you. You may choose not to participate in the screening and request a developmental assessment to determine eligibility for early intervention services at any time.

Sincerely,

*(Specialist name and contact information)*

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**I give my consent for** (EI/ECSE Program) **to:**

yes no Review the *(Screening instrument and description)*. Results help to determine if a child's development is on schedule or if further evaluation with a professional may be needed.

*(Child's Name) (dob)*

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Parent / Legal Guardian PRINT

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Parent / Legal Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

 A copy of the procedural safeguards was provided to the parent.