



# Permission to Screen/Evaluate

Educational and Developmental Intervention Services  
Early Intervention Services  
EDIS Location

For use of this form, see MEDCOM 40-53, the proponent agency is MCHO

## 1. Child/Family Information

Child's Name:	Today's Date: DDMMYYYY
Parents/Guardian	

The purpose of this screening/evaluation is to determine your child's strengths and needs. EDIS recognizes families as a vital part of the screening/evaluation team. All screenings/evaluations will be conducted by qualified staff and reviewed with the family.  
If a child is determined to have a developmental delay or biological risk a referral to EFMP will be made.

## 2. Developmental Screen

Developmental screening to determine the need for further evaluation.

## 3. Vision / Hearing Screen

Vision Screening       Hearing Screening

## 4. Evaluation / Assessment

Purpose:  Initial       Annual       Subsequent  
 Initial subsequent to screening on this date \_\_\_\_\_ Parent's initials \_\_\_\_\_

Comprehensive Evaluation/Assessment

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 and uses his/her hands.

*Health Status* - review of child's health history and status.

Other (Specify) \_\_\_\_\_

Observation (location) \_\_\_\_\_

Comments:

**PRIVACY ACT STATEMENT:** In accordance with the Privacy Act of 1994 (Public Law 93-579) 32 CFR Part 310, this notice informs you of the purpose of this form and how the information will be used. Please read it carefully.

**AUTHORITY:** The Individuals with Disabilities Education Act as amended by Public Law 102-119; DODI 1342.12; Record System Code A0040-66bDASG.

**PRINCIPAL PURPOSES:** This form collects information which is essential to determine eligibility for Educational and Developmental Intervention Services (EDIS). No personal or protected health information contained in EDIS records will be disclosed to any third party without specific written permission of the individual(s), unless required by statute or law.

**ROUTINE USES:** The information will be used to develop a service plan and deliver appropriate services to eligible families

**DISCLOSURE:** Voluntary. Failure to provide certain information necessary to determine eligibility may result in denial of services.

## 5. Parent(s) Statements

- Yes     No      I have received a copy of Procedural Safeguards and Due Process Procedures.
- Yes     No      This information has been explained to me and I understand it.
- Yes     No      I give permission to conduct the requested screening/evaluation.
- Yes     No      Evaluation Only: I received Notice of Proposed Action for this evaluation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Permission to Screen/Evaluate

### Instructions

In the blank space below the title of the form enter your EDIS Location (e.g., Fort Knox, Kentucky; Bamberg, Germany).

#### 1. Child/Family Information

Child's Name: First, Middle Initial, Last

Today's Date: DDMMYYYY

Parents/Guardians: First and Last

#### 2. Development Screening

Check the box(es) to indicate the screening activities for which parental permission is requested.

This form is not appropriate for mass Child Find screening activities.

When vision and/or hearing screenings are conducted as part of any evaluation/assessment be sure to check the boxes in this permission to screen section.

#### 3. Vision / Hearing

Check the box if permission is being given to conduct vision and/or hearing screening. A vision and hearing screening must be included with all comprehensive evaluations.

#### 4. Permission for Evaluation/Assessment

Check the box to indicate the type of evaluation/assessment for which parental permission is requested. Any type of formal evaluation/assessment requires parental permission.

Initial: This refers to the initial comprehensive evaluation of all five developmental areas conducted to determine eligibility for early intervention services and to assist with intervention planning if eligible.

Annual: This is the evaluation/assessment completed as part of the annual IFSP review. It yields information for a subsequent IFSP.

Subsequent: This refers to any formal evaluation/assessment for which permission is requested during the duration of an active IFSP. "Subsequent" typically refers to single domain evaluation/assessment needed to gather further information about a child's development in a specific area.

Initial subsequent to screening on this date \_\_\_\_\_ Parent's initials \_\_\_\_\_. This option is available if the team decided to go on to evaluation immediately following the screening. It reduces the need for another form, but can only be used if the decision to go on to evaluation was made on the same date as the screening permission. Enter the date (which will be the same as the permission date) and have the parent's enter their initials in the space provided.

Comprehensive Evaluation/Assessment: Check this box when parent permission is requested to conduct evaluation/assessment of all the five developmental areas listed directly below "Comprehensive Evaluation/Assessment".

Other: Specify in descriptive terms the area(s) of evaluation/assessment for which permission is requested. Use "Other" to indicate additional evaluation(s)/assessment(s) necessary to complete the comprehensive evaluation/assessment, or to specify a stand-alone subsequent evaluation/assessment. It may include referrals to other agencies/providers.

Observation: This refers to observation(s) conducted without the parent/guardian present. When permission for such an observation is requested as part of an evaluation/assessment, check the box and enter the location of the observation(s).

Comments: This space is available as needed for specific requests the family may have regarding the evaluation/assessment (e.g., for evaluation to be conducted in the family's home, for both parents to be present, for evaluation/assessment to be conducted in Spanish, that the child is most alert between 9:00 and 11:00, etc).

#### 5. Parent(s) Statement

After discussing Procedural Safeguards and Due Process Procedures, offering parent(s) written information on their Procedural Safeguards and Due Process Procedures and answering questions, ask parent(s) to mark Yes or No by each of the three statements.

Parent/Guardian Signature: Parent(s) sign and date the completed form.

**Original –EDIS Record**