

Permission to Screen/Evaluate

Educational and Developmental Intervention Services (EDIS)

Early Intervention Services

EDIS Location:

For use of this form, see MEDCOM REG 40-53; the proponent is HQ MEDCOM

1. Child/Family Information

Child's Name:

Today's Date: MMM/DD/YYYY

Parents/Guardians:

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.

2. Developmental Screen

Developmental screening to determine the need for further evaluation.

3. Vision / Hearing Screen

I give permission to conduct the Developmental and/or Vision/Hearing Screening.

4. Evaluation / Assessment

Purpose: Initial Annual Subsequent

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:

If a child is determined to have a developmental delay or biological risk a referral to the Exceptional Family Member Program (EFMP) will be made.

5. Parent(s) Statements (Screening - Developmental and/or Vision/Hearing Screening)

Yes No I have received a copy of my **Procedural Safeguards & Due Process Procedures**.

Yes No This information has been explained to me and I understand it.

Yes No I give permission to conduct the **Developmental and/or Vision/Hearing screening**.

Parent/Guardian Signature

Parent/Guardian Signature

Date: MMM/DD/YYYY

6. Parent(s) Statements (Evaluation/Assessment)

I give permission to conduct the **evaluation**.

Yes No N/A

I am in agreement with no further evaluation at this time.

Yes No N/A

I have received **Notice of Proposed Action**.

Yes No

Parent/Guardian Signature

Parent/Guardian Signature

Date: MMM/DD/YYYY

Permission to Screen/Evaluate Instructions

In the blank space below the title of the form enter your EDIS Location (e.g., Fort Knox, Kentucky; Okinawa, Japan, Lakenheath, UK).

1. Child/Family Information:

Child's Name: First, Middle Initial, Last

Today's Date: MMM/DD/YYYY

Parents/Guardians: First and Last

2. Development Screening

Check this box if permission is being given to conduct a developmental screening.

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

3. Vision / Hearing Screen

Check the boxes if permission is being given to conduct the functional 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 course 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 or for a specific purpose.

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. and 6. Parent(s) Statements

Review the parent statement(s) with the family and request their signature.

There is space for signature for screening and for evaluation planning.

Note that Notice of Proposed Action must be provided prior to evaluation and following screening even if the team decides not to go on to further evaluation.

File Original in the Family's EDIS Record