Infant & Toddler Connection of Virginia

LICC/Provider Label (w/ Phone Number)

TO: Family

Address

City, State & Zip

RE: Child's Name

ID Number

Confirmation of Initial Evaluation and Assessment Schedule ITCV-PS-2(O) 12/02

Date: _____

Dear: _____

This letter is to confirm the evaluation/assessment schedule previously discussed for your child. The evaluation/assessment has been scheduled for:

_____	_____	_____
Date	Time	Place

This appointment will last about _____. (minutes/hours). The evaluation/assessment has been scheduled at the convenience of your family and can be rescheduled if needed.

As we have discussed, the purpose of the evaluation/ assessment is to determine if your child is eligible for Infant & Toddler Connection of Virginia as well as your child's strengths and needs. I want to remind you that the evaluation/ assessment cannot occur without your informed, written consent as described in the Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System, which was given to you previously by your service coordinator.

We will be looking at the following areas of your child's development: cognitive; physical (including gross/fine motor, vision/hearing screening); communication (receptive and expressive); social-emotional; and adaptive (self-help). The following people will be present or will be providing information:

Names (Individual or Providing Agency)	Discipline

If you would like to invite anyone else, please feel free to do so. We want to be sure that your child does his/her best and that you are able to participate in the evaluation/assessment as much as you would like. No one knows your child better than you do; you can provide important information about your child at the evaluation/assessment. You may want to make a list of things you see your child do at home related to talking, playing with toys and people, feeding, and moving. Feel free to share this information with the members of the evaluation/assessment team.

Please call me/us if you have any questions about the above information or schedule.

Sincerely,

_____

Name(s)/Title(s)

cc: IFSP Team Members (listed above)

Note: *Parents are to receive a copy of this form.*

☐ Mailed ☐ Hand Delivered

DMH 888E 1049 R 12/02(1)