



Infant & Toddler Connection of Virginia

TO: Family _____
 Address _____
 City, State & Zip _____

RE: Child's Name _____
 ID Number _____

Notice and Consent for Screening ITCV-PS-7(R) 1/09(1)

Reason for Notice

Infant & Toddler Connection of Virginia is required to provide you with written prior notice within a reasonable time (5 calendar days) before conducting screening (identification) activities. It is required that you give informed, written consent for these activities through your signature below. The purpose of screening is to gather health and developmental information for use in eligibility determination. This is your statement of that notice.

"Consent" means that: (1) You have been fully informed of all information about the activity(ies) for which consent is sought in your native language (unless clearly not feasible to do so) or other mode of communication; (2) that you understand and agree in writing to the carrying out of the activity(ies) for which consent is sought; (3) the consent describes the activity(ies); and (4) the granting of your consent is voluntary and may be revoked in writing at any time.

Action Proposed

Your child will be screened in some or all of the following developmental areas: cognition, gross motor, fine motor, communication, social-emotional, adaptive, vision, and hearing. The screening results will be used by the multidisciplinary eligibility determination team to assist in determining whether your child is eligible for services under the Infant & Toddler Connection of Virginia. These results and information obtained during the screening will remain confidential.

Description

The screening will be conducted using a developmental screening tool(s). The person who performs the screening will talk with you about these methods and the results.

Timelines

If a determination is made that your child is eligible then assessment for service planning and the development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred. If your family needs additional time beyond the 45 days, it is important that you tell your Service Coordinator.

Date your child was referred to the Infant & Toddler Connection of Virginia: _____

Acknowledgment and Statement of Consent

I have received a copy and explanation of family rights under Part C of IDEA (Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System) and I understand them.

I have received a copy of Strengthening Partnerships: A Guide to Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System.

Parent Initials

I do ___/do not ___ give my informed consent for Infant & Toddler Connection of Virginia to conduct a developmental screening.

I do ___/do not ___ give my informed consent for Infant & Toddler Connection of Virginia to conduct a vision and hearing screening.

Signature of Parent(s)

Date

Received by:

Name/Title

Date

Optional: I understand the above and agree that this activity(s) by the Infant & Toddler Connection of Virginia may occur prior to the 5-calendar-day prior notice timeline.

Initials of Parent(s) _____
Date

Attachments: *Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System, Strengthening Partnerships: A Guide to Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*

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

DMH 888E 1051 R 1/09(1)