



Infant & Toddler Connection of Virginia

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

RE: Child's Name _____

Notice and Consent to Determine Eligibility ITCV-PS-8(R) 7/10

Reason for Notice

The Infant & Toddler Connection of Virginia is required to provide you with written prior notice within a reasonable time (5 calendar days) before conducting activities to determine your child's eligibility for the Infant & Toddler Connection of Virginia. It is required that you give informed, written consent for these activities through your signature below. The purpose for conducting these activities is to determine whether or not your child meets the Infant & Toddler Connection of Virginia eligibility criteria. 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

Eligibility determination is the process by which a multidisciplinary team reviews medical reports, developmental screening results, parent report, observation summaries, and assessment reports, if available, to determine whether or not your child meets the eligibility criteria for the Infant & Toddler Connection of Virginia as specified in Virginia's Part C Policies and Procedures. Depending on the information already available, your child may be screened in some or all of the following developmental areas to assist in determining whether your child is eligible for services: cognition, gross motor, fine motor, communication, social-emotional, adaptive, vision, and hearing. Assessments are conducted as part of the eligibility determination process if your child's eligibility is uncertain based on existing information and screening results. Screening, assessment and eligibility determination results are kept in your child's early intervention record and will only be released with your written consent. If your child is determined eligible and receives services, then eligibility will be confirmed annually, or sooner if you or your child's service provider(s) believe your child has reached age level in all areas of development.

Description

A child's medical and other records may be used to establish eligibility (without conducting an assessment of your child) if those records contain sufficient information regarding your child's level of functioning in any or all of the developmental areas including vision and hearing. The multidisciplinary team reviews existing information on your child, and may conduct screening and/or assessment(s) in one or more developmental domains should there be insufficient existing information to determine eligibility. Your service coordinator will talk with you about these methods.

Timelines

The determination of eligibility for early intervention services, and if eligible for Part C, the assessment for service planning and development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred to the Infant & Toddler Connection of Virginia unless your family needs additional time. If your family needs additional time beyond the 45 days, please 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 Rights and 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 Rights and Safeguards in the Virginia Early Intervention System.

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.
 I do ___/do not ___ give my informed consent for Infant & Toddler Connection of Virginia to conduct eligibility determination.

 Signature of Parent(s)

 Date

Received by:

 Name/Title

 Date

Optional:

I understand the above and agree that these activity(s) may occur prior to the 5 calendar day prior notice timeline.

 Initials of Parent(s)

 Date