



Infant & Toddler Connection of Virginia

LICC/Provider Label (w/ Phone Number)

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

RE: Child's Name _____
 ID Number _____

Notice and Consent for Screening ITCV-PS-7(R) 9/02

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 determine your child's need for evaluation/assessment under Infant & Toddler Connection of Virginia. 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 the following developmental areas: cognition, gross motor, fine motor, communication, social-emotional, adaptive, vision, and hearing. The screening results will be used to determine the need for evaluation/assessment under Infant & Toddler Connection of Virginia. **These results and information obtained during the screening will remain confidential.**

Description

How the screening is performed will vary based on the needs of your child. It may include review of medical/developmental records, parent interview, child observation, and/or administration of formal and informal developmental screening tools. The person who performs the screening will talk with you about these methods and results.

Timelines

If a determination is made that your child needs an evaluation/assessment, the evaluation/assessment and development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred for the screening and parental consent is obtained. 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 Part C: _____

Acknowledgment and Statement of Consent

I have received a copy of my rights under Part C of IDEA (Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System) along with this notice. These rights have been explained to me and I understand them. I have also 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 carry out the activity(ies) described above.

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 12/02