

# ALTA CALIFORNIA REGIONAL CENTER

## California Early Start Program

### Consent for Evaluation And Assessment

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Child's Name:

Birthdate:

ACRC Early Intervention Service Coordinator:

Your child has been referred for an individual evaluation to determine whether your child needs to begin or continue receiving early intervention services from agencies participating in the Early Start Program. The assessment will help to identify your child's strengths and areas of need. The assessment may include: 1) observation of your child at home or other appropriate setting; 2) an interview with you; 3) review of medical and other reports you agree to share; and 4) developmental assessment.

Areas covered in the evaluation and assessment may include:

- |  |   |                                     |   |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Gross Motor            | <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Social/Emotional |
| <input type="checkbox"/> Cognitive     | <input type="checkbox"/> Language/Communication | <input type="checkbox"/> Vision     | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Self-Help     | <input type="checkbox"/> Health                 | <input type="checkbox"/> Hearing    |   |

Evaluation and assessment may be completed by:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Infant Specialist              | <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Interpreter        |
| <input type="checkbox"/> Nurse                          | <input type="checkbox"/> Physical Therapist      | <input type="checkbox"/> Physician          |
| <input type="checkbox"/> Psychologist                   | <input type="checkbox"/> Occupational Therapist  | <input type="checkbox"/> Vision Specialist  |
| <input type="checkbox"/> Speech & Language Specialist   | <input type="checkbox"/> Social Worker           | <input type="checkbox"/> Hearing Specialist |
| <input type="checkbox"/> Regional Center Representative | <input type="checkbox"/> Preschool Teacher       | <input type="checkbox"/> Early Head Start   |
|   |  | <input type="checkbox"/> Other              |

You need to know that:

- The evaluation will be completed in the primary language of your child and family.
- The evaluation will occur in a timely manner.
- The evaluation will give information about your child's development in learning, physical, self-help, language/speech and social areas.
- The evaluation will help you and community agencies to identify your concerns for your child and family.
- No test will be given without prior explanation and your specific consent.
- You may request a copy of the evaluation.
- Information about your child and family is strictly confidential and will only be released to those agencies and/or persons whom you choose in writing.
- No services shall be started, changed or ended without your written consent.
- You have the right to look at and correct records.
- You have the right to receive further written information about your rights.

I consent to an evaluation of my child and family for purposes of determining eligibility and/or continuing eligibility for early intervention service. I understand that my consent is voluntary and may be withdrawn at any time.

My Alta service coordinator has permission to contact me via e-mail. My e-mail is \_\_\_\_\_ .  
I understand that e-mail correspondence will become part of my child's permanent record.

\_\_\_\_\_  
Signature of Parent/Guardian/Legal Representative/Surrogate Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ACRC Early Intervention Service Coordinator

\_\_\_\_\_  
Date