



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
Department of Health and Human Resources

Child Last Name: _____
Child First Name: _____ MI: _____
DOB: _____
ID #: _____

CONSENT FOR ASSESSMENT ACTIVITIES

Part C early intervention, under the Individuals with Disabilities Education Act (IDEA), requires WV Birth to Three to have your informed written consent to proceed with child assessment activities.

Date: _____

This consent contains some important information concerning the upcoming assessment of your child. The purpose of the assessment activity(s) is to learn more about your child's strengths and areas of concern within those daily activities and routines which are important to your child and family. This will help your child's WV Birth to Three team in planning appropriate services and supports to meet your child's unique needs.

A variety of activities may be completed during the assessment process including family interview, child observation, and/or formal assessment. All assessment activities must be scheduled at times and locations which are convenient for you. All assessment activities will be conducted by qualified personnel who have knowledge and expertise in the area of concern. Practitioners conducting assessment will discuss with you the assessment methods and locations prior to assessment. Your participation as a member of the assessment team is very important, you know your child best and can provide valuable information to the team.

I give permission for my child to be assessed in the following areas:

☐ Physical Development
☐ Motor ☐ Hearing ☐ Vision ☐ Nutrition

☐ Cognitive Development

☐ Communication Development

☐ Social/Emotional Development

☐ Adaptive Development

☐ Other (Please list): _____

Your signature below indicates consent for assessment activities to be conducted in the developmental areas identified above.

Parent/Legal Guardian Signature: _____ Date: _____

This consent is valid for one year unless otherwise specified. Consent may be revoked at any time upon the written request of the family or legal guardian except to the extent that information has already been supplied under this authorization. All rights are protected under the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA).