



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 #: \_\_\_\_\_

## NOTICE/CONSENT FOR MULTI-DISCIPLINARY EVALUATION AND ASSESSMENT

Part C early intervention, under the Individuals with Disabilities Education Act (IDEA), requires WV Birth to Three to provide you with written prior notice within a reasonable time before proposing or refusing to initiate or change the identification, evaluation, or placement of your child or the provision of appropriate early intervention services. WV Birth to Three is also required to obtain your informed written consent to proceed with evaluation and assessment activities in order to determine eligibility for early intervention services.

Date: \_\_\_\_\_

This notice/consent shares with you some important information concerning the upcoming evaluation/assessment of your child. The purpose of the evaluation/assessment is to learn if your child is eligible for WV Birth to Three and to learn about your child's strengths and areas of concern in five areas of development (physical, cognition, communication, adaptive and social/emotional). All evaluation/assessment activities must be scheduled at times and locations which are convenient for you. Evaluation/assessment activities will be conducted by at least two (2) qualified individuals from different disciplines or professions based upon referral information and your priorities and concerns.

The multi-disciplinary team will complete a variety of information gathering activities during the evaluation/assessment process including family interview, review of pertinent medical/developmental records, child observation, and formal/informal assessment. Your participation as a member of the multi-disciplinary evaluation/assessment team is very important. You know your child best and can provide valuable information.

- ☐ I give informed consent for multi-disciplinary team members to proceed with evaluation and assessment activities to determine my/our child's eligibility for WV Birth to Three.
- ☐ I do not give informed consent for WV Birth to Three to evaluate my/our child and, in doing so, I/we understand that my/our child will not be eligible for WV Birth to Three services.
- ☐ I have received a written copy of the WV Birth to Three Procedural Safeguards.

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).**