



**FIRST STEPS EARLY INTERVENTION SYSTEM  
DOCUMENTATION OF RECEIPT OF RIGHTS /  
CONSENT TO PROCEED / PERMISSION TO ASSESS**

State Form 51842 (R / 4-05) / BCD 0114



Name of child	Date of birth (month, day, year)	County
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Your Intake or on-going Service Coordinator has reviewed your rights, procedural safeguards, and responsibilities as described in Federal Law, P.L. 94-142, the Individuals with Disabilities Education Act (IDEA) for children age birth to three years of age and it's amendments, P.L. 102-119, specifically Part C. All Early Intervention providers involved in the First Steps system will follow the procedures outlined and provided to you in the brochure entitled "Families Always Have Rights." This document includes information regarding the following:

1. Evaluation for eligibility determination, and assessment Service(s) for eligibility determination and/or IFSP development
2. Six month review and annual evaluation of the IFSP
3. Information regarding natural or community settings
4. Confidentiality of information,
5. Complaints, and
6. Mediation and due process hearings

Based on your child's referral to/participation in the First Steps program, a comprehensive multidisciplinary evaluation will be conducted in order to determine your child's eligibility and need for Early Intervention services. After a review of your existing documentation, it may be necessary to obtain further information relating to your child's development. This information will be helpful to the team in determining if your child is eligible and in need of services, or what type(s) of services your child may benefit from. In order to obtain this information, your permission is requested to assess your child's level of functioning in the following areas:

- |   |  |
|---|--|
| <input type="checkbox"/> Cognitive development        | <input type="checkbox"/> Physical development      |
| <input type="checkbox"/> Social emotional development | <input type="checkbox"/> Communication development |
| <input type="checkbox"/> Adaptive development         | <input type="checkbox"/> Hearing                   |
| <input type="checkbox"/> Vision                       | <input type="checkbox"/> Other: _____              |
- (MUST LIST) (ex. Nutrition, Psychological)*

The following structured and/or standardized tests may be administered:

- Hawaii Early Learning Profile
- Developmental Programming System For Infants and Young Children
- Assessment, Evaluation, and Programming System for Infants and Children
- The Carolina Curriculum for Infants and Toddlers with Special Needs
- The Rossetti infant and toddler language scale
- Other: \_\_\_\_\_

Your signature below indicates your permission allowing the Early Intervention team to proceed with the necessary evaluation and assessment activities to determine if your child is eligible and in need of services. If eligible, and with your permission, the development of an Individual Family Service Plan (IFSP) will be initiated.

Signature of parent/guardian/surrogate parent	Date (month, day, year)
Signature of parent/guardian/surrogate parent	Date (month, day, year)

**Note:** This form must be completed initially and annually prior to determination of eligibility. For children with an existing IFSP, individual consent must be obtained prior to any new assessment activities.