

# Part C / tiny-k Services

Program Information

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TO: Family

\_\_\_\_\_

Address

\_\_\_\_\_

City, State & Zip

\_\_\_\_\_

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RE: Child's Name

\_\_\_\_\_

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## Notice and Consent for Initial Evaluation/Assessment

### Reason for Notice

**[Insert Name of program]** is required to provide you with written prior notice within a reasonable time before conducting evaluation and assessment activities. It is required that you give informed, written consent for these activities through your signature below. The purpose of evaluation and assessment is to determine your child's initial eligibility for early intervention services in Kansas, as well as your child's developmental strengths and needs. This is your statement of that notice and request for your consent. The evaluation cannot begin until your consent is provided.

*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

A multidisciplinary team evaluation will be conducted by at least two qualified individuals from different disciplines. Your participation as a member of the evaluation team is strongly encouraged. You know your child best and can provide important information about your child. The evaluation is a comprehensive view of how your child is doing in the developmental areas of cognition, gross motor, fine motor, communication, social-emotional, adaptive, vision, and hearing. The evaluation results will indicate how your child is doing in all of these areas. These results are kept in your child's early intervention record. This information will remain confidential.

### Description

How the evaluation/assessment is performed will vary based on the needs of your child. It may include review of medical/developmental records, parent interview, child observation, and administration of formal and informal developmental evaluation tools. Evaluation team members will talk with you about these methods.

### Timelines

The multidisciplinary team evaluation and development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred for an evaluation and assessment. If your family needs additional time beyond the 45 days, it is important that you tell your Family Service Coordinator. The IFSP is a written plan developed in partnership with your family and professionals to meet the ongoing needs of your child and family. It can be changed at any time. The IFSP is written only if your child is eligible for service. If your child is not eligible, you will receive an evaluation report.

Date your child was referred for evaluation/assessment to Part C \_\_\_\_\_

### Acknowledgment and Statement of Consent

I have received a copy of my rights under Part C of IDEA (*Parents' Rights – Kansas Infant Toddler Services*) along with this notice. These rights and information have been explained to me and I understand them.

\_\_\_\_\_  
Parent Initials

I **do** \_\_\_/ **do not** \_\_\_ give my informed consent for \_\_\_\_\_ program to carry out the activity(ies) described above.

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date

### Received by:

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

Attachments: *Parents' Rights – Kansas Infant Toddler Services/tiny-k*

Note: *Parents are to receive a copy of this form.*

**✉ If you received this notice by mail, please sign and return it to the address printed on the label above.**

SAMPLE

Part C/tiny-k services

Program information

TO: Family
Address
City, State & Zip
RE: Child's Name
ID Number

Parental Prior Notice

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

Dear: \_\_\_\_\_

[Insert Name of program] is required 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 to your child or family. This letter is to provide notice of the following: (check all that apply)

- \_\_\_\_\_ Evaluation & assessment of your child is not necessary at this time.
\_\_\_\_\_ Your child is not eligible for early intervention services in Kansas.
\_\_\_\_\_ Other (describe) \_\_\_\_\_

Reasons why this action(s) is being proposed or refused including a description of information used to make this decision (i.e. screening results, evaluation/assessment procedures, reports, records, etc):

This notice includes a copy of the Parents' Rights - Kansas Infant Toddler Services. As discussed in this information, you have the right to request mediation and/or an impartial due process hearing should you disagree with the above proposed or refused action(s).

Notice [ ] given in person [ ] mailed on \_\_\_\_\_ (date) by:

Sincerely, \_\_\_\_\_
Name/Title

Parent(s) Acknowledgment

I have received a copy of family rights and safeguards under Part C of IDEA (Parents' Rights - Kansas Infant Toddler Services) along with this notice. This information has been explained to me and I understand it.

Signature of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

If you received this notice by mail, please sign and return it to the address printed on the label above.

Attachment: Parents' Rights - Kansas Infant Toddler Services

Note: Parents are to receive a copy of this form.

SAMPLE

WRITTEN NOTICE OF MEETING

Parent Name

Date

Address

Dear \_\_\_\_\_,

Federal law and regulations require that you receive written notice early enough before the meeting date (10 calendar days) to ensure that you will be able to attend. This letter is to provide notice of the following meeting:

- \_\_\_\_\_ A meeting to develop the initial Individual Family Service Plan (IFSP) is needed.
- \_\_\_\_\_ A meeting to develop the annual Individualized Family Service Plan (IFSP) is needed.
- \_\_\_\_\_ A meeting to revise or review the Individualized Family Service Plan (IFSP) is needed.
- \_\_\_\_\_ The required transition planning conference is necessary.
- \_\_\_\_\_ Other (describe) \_\_\_\_\_

In addition, you have the following rights:

1. Parents have the right to participate in all meetings related to their child.
2. Parents have the right to have meetings conducted in settings and at times that are convenient to them.
3. Parents have the right to bring an advocate or other person outside the family to participate in the meeting.
4. Parents have the right to participate by other means (conference call, etc.) if unable to attend the meeting.

On behalf of your child \_\_\_\_\_, the \_\_\_\_\_

\_\_\_\_\_ has scheduled \_\_\_\_\_ at \_\_\_\_\_ to:  
date/time location

If the time or place listed above is not convenient for you, we can reschedule. Please call \_\_\_\_\_.

Sincerely,

Name

Title

Part C/tiny-k Services

Program information

TO: Family
Address
City, State & Zip
RE: Child's Name
I

Declining Early Intervention Services

Declining One or More Early Intervention Services Recommended by the IFSP Team

I understand that my child and/or ward is eligible to receive all of the services listed on the Individualized Family Service Plan (IFSP) which was developed on (date). I do not, however, wish for my child or family to receive the following service(s):

Blank lines for listing declined services

I am fully aware of the nature of the service(s) being offered for my child and/or ward and that I must give written consent in order to receive this service(s). I do not choose to receive the above listed service(s) through the program at this time. I understand that I may change my mind and, if so, will call my service coordinator at the number provided on this form. I also understand that declining this service(s) does not jeopardize any other early intervention service(s) my child or family receives through the program.

Signature of Parent(s) Date
Signature of Service Coordinator Date

Declining Participation in the program

I understand that my child may receive an evaluation to determine eligibility for early intervention services.

-and/or-

I understand that an Individualized Family Service Plan (IFSP) can be developed for my child/family if my child is eligible for early intervention services through the program.

-and/or--

My child is eligible for early intervention services through the program and has a right to obtain the early intervention services outlined in an Individualized Family Service Plan (IFSP). I am fully aware of the nature of services being offered and that my child and/or ward will not be able to receive services through the program unless I give my consent.

I do not choose to have my child or family receive an evaluation/IFSP/ services through the program at this time. I understand that I may change my mind and, if so, will call my service coordinator at the number provided on this form.

Signature of Parent(s) Date
Signature of Service Coordinator Date

I give permission for someone to contact me in months to check on my child's progress.

Initials of Parent(s)

Attachment: Parents' Rights - Kansas Infant Toddler Services

Note: Parents are to receive a copy of this form.

03-09 KS

# Authorization to Release Information

As the parent or legal guardian of \_\_\_\_\_ (child's name), I authorize \_\_\_\_\_ (program name) to release the following records:

- Referral Information       Physical Therapy Evaluations       Developmental Screening Results       Other: \_\_\_\_\_
- Admission Summary       Occupational Therapy Evaluations       Hearing Screen or Test Results       Other: \_\_\_\_\_
- Discharge Summary       Speech Therapy Evaluations       Vision Screen or Test Results       Other: \_\_\_\_\_

**... to the following agencies and programs, and for the following reasons:**

\_\_\_\_\_ in order to \_\_\_\_\_

- I understand that signing this authorization is not a condition of receiving future medical treatment or early intervention services.
- I understand that I may revoke (i.e., cancel) this authorization at any time by notifying the \_\_\_\_\_ program in writing, and that any information shared prior to revoking this authorization will not be affected by a revocation.
- I understand that before any specific services for my child are provided, I also have the right to authorize or decline those services.
- I understand that once released, my information may be disclosed and may no longer be protected under the Health Insurance Portability and Accountability Act (HIPAA), but will not be re-disclosed by the \_\_\_\_\_ program, in accordance with the Family Educational Rights and Privacy Act (FERPA).

*For more information, see 45 CFR (Code of Federal Regulations) 164.508 for HIPAA and 34 CFR Part 99 for FERPA.*

**This authorization expires on** \_\_\_\_\_ *(expiration date not to exceed one year from signature date)*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  **copy to parent(s) or legal guardian**  
*(child's parent or legal guardian)*

### Early Intervention Referral Status Update

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

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date Referred: \_\_\_\_\_

This child was referred for services and supports. The following is a summary of the status of that referral:  
(This status update is the  1<sup>st</sup> Update  2<sup>nd</sup> Update  3<sup>rd</sup> Update  4<sup>th</sup> Update  \_\_\_\_\_ Update)

A Family Service Coordinator has been assigned to the family:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Repeated attempts have been made to contact this family.

Please let us know if the family is still interested in having an evaluation for their child.

The family has been contacted and requests that you contact them directly for results.

**NOTE: The parent(s) or legal guardian must sign a *Consent to Share* form in order to send the information shown below to the referral source.**

The family has been contacted and the following has occurred:

The child has been evaluated and found to be **not eligible** for services at this time.

The child has been evaluated and found to be **eligible** for services based on the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An Individualized Family Service Plan (IFSP) has been developed with the child and family (a full copy of the plan may be obtained through the contact listed above).

The child and family are receiving the following early intervention services:

- |   |             |  |             |
|---|-------------|--|-------------|
| <input type="checkbox"/> Assistive Technology       | _____x_____ | <input type="checkbox"/> Psychological Services        | _____x_____ |
| <input type="checkbox"/> Audiology Services         | _____x_____ | <input type="checkbox"/> Respite Care                  | _____x_____ |
| <input type="checkbox"/> Developmental Intervention | _____x_____ | <input type="checkbox"/> Service Coordination          | _____x_____ |
| <input type="checkbox"/> Health Services            | _____x_____ | <input type="checkbox"/> Social/Emotional Intervention | _____x_____ |
| <input type="checkbox"/> Occupational Therapy       | _____x_____ | <input type="checkbox"/> Speech Therapy                | _____x_____ |
| <input type="checkbox"/> Nutrition Services         | _____x_____ | <input type="checkbox"/> Transportation                | _____x_____ |
| <input type="checkbox"/> Physical Therapy           | _____x_____ | <input type="checkbox"/> Vision Services               | _____x_____ |

The evaluation/assessment and service planning process has not been completed because \_\_\_\_\_

If you need additional information, please call the Family Service Coordinator contact listed above.

SAMPLE

TRANSDISCIPLINARY TEAM -- DOCUMENTATION OF MEDICAL EXPERTISE

Child's Name	D.O.B. / /	Case #
Early Intervention Teacher	Other Team Members, by Discipline	
From July 1-September 30, _____		

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

From October 1 - December 31, \_\_\_\_\_

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

From January 1 - March 31, \_\_\_\_\_

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

From April 1 - June 30, \_\_\_\_\_

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date

I have periodically reviewed this child's progress and have recommended appropriate techniques, activities and strategies during discussions with this child's early intervention teacher.

\_\_\_\_\_  
Signature Discipline Date