Rhode Island Early Intervention Prior Written Notice and Consent Multidisciplinary Evaluation/Assessment



Child's Name:	DC	OB:	ID:
Today's Date:	Service Coordinator:		
The purpose of a multidisciplinary evaluation and/or assessment is to determine your child's eligibility for early intervention services and to identify the strengths and needs of your child and family. The multidisciplinary evaluation/assessment is conducted by at least 2 qualified professionals who will evaluate your child in the areas of: adaptive, cognitive, communication, physical (including vision and hearing), social and emotional, and health. Your participation as a member of the evaluation and/or assessment team is important. A family directed assessment is included to help identify your concerns, priorities and resources needed related to your child's development. The team will review your child's medical and developmental records and observe your child in his/her everyday routines. Refusal to consent to the initial evaluation and/or assessment means your child will not be able to receive early intervention services. Early Intervention is required to provide prior written notice within a reasonable time before conducting a Multidisciplinary Evaluation/Assessment. This is your prior written notice that a Multidisciplinary Evaluation/Assessment will be conducted.			
Date/Time:	Location	:	
Procedural Safeguards ha	ave been provided, reviewed, and	explained.	
☐ I give consent for a Multi	idisciplinary Evaluation/Assessmen	t.	
Signature of Parent/Guardian		Date	

Note: The above Prior Written Notice with Procedural Safeguards remains in effect even if changes are made to the date/time or location of the Multidisciplinary Evaluation/Assessment provided that these changes were communicated within a reasonable time and agreed upon by the parent/guardian.