



**CONSENT FOR SCREENING,
EVALUATION, AND ASSESSMENT**

SECTION 1: REASON FOR CONSENT

- Orientation and Intake
- Initial IFSP
- 6-Month Review
- Annual Review
- Other

Activity(ies) for which consent is needed:

- Screening
- Eligibility Evaluation
- Family Assessment
- Child Assessment
- Service Evaluation

SECTION 2: CHILD, PARENT, AND SERVICE COORDINATION INFORMATION

Child's First and Last Name:

Date of Birth:

BRIDGES ID #:

Parent Name:

Name: Intake Coordinator Service Coordinator

Information gathered will be kept in your child's IDEA/Part C record and will remain confidential. Your child's records may be shared among any of the IDEA/Part C State Agencies, which include the South Carolina Department of Health and Human Services and to the extent they may serve your child, its providers.

SECTION 3: PARENT CONSENTS

'Consent' means your Intake Coordinator, Service Coordinator and others working with your child must have your permission, in writing, before any action occurs that affects your child. We want to be sure you completely understand the action, so you can let us know if it will be okay with you. Your Intake Coordinator or Service Coordinator will tell you what will happen if you give your permission and if you do not.

PARENT'S INITIALS

Yes	No	Activity
		I/We have been informed of the screening process and the right to request an eligibility evaluation any time during the screening.
		I/We give permission for screening of my child's development (including health, hearing, and vision) to determine the need for an eligibility evaluation.
		I/We give permission for screening of my child's risk for Autism Spectrum Disorder (N/A if child is younger than 15 months of age) to determine the need for an eligibility evaluation.
		I/We give permission for an evaluation of my child's eligibility for IDEA/Part C.
		If my child is determined eligible for IDEA/Part C, I/We give consent to participate in an assessment of my family's resources, priorities, and concerns for development of the Individualized Family Service Plan (IFSP).
		If my child is determined eligible for IDEA/Part C, I/We give permission for my child to receive an assessment of her/his unique strengths and needs for development of the IFSP.

SECTION 4: CONFIRMATION OF CONSENT AND SIGNATURE(S)

I give my informed consent for IDEA/Part C to carry out the activities initialed as 'Yes' above.

Signature of Parent

Date

Signature of Parent

Date