

**CHILD AND FAMILY CONNECTIONS  
PARENTAL CONSENT AND ABILITY TO DECLINE SERVICES**

Child's Last Name, First Name & Middle Initial: \_\_\_\_\_

Child's Date of Birth (Month/Date/Year): \_\_\_\_\_

CBO/EI #: \_\_\_\_\_

Your child has been referred to the Illinois Early Intervention (EI) Program to determine whether he/she has a developmental delay or disability. The Illinois EI Program is required to obtain informed, written consent before conducting a family assessment and the initial evaluation/assessment. This is obtained through your signature below.

I understand I do not have to agree to each of the EI services offered or to any of the services. However, failure to accept such services may prohibit the developmental opportunities for my child. I understand that I may withdraw this permission in writing at any time except to the extent that it has already been acted upon. I understand my refusal to grant permission or withdrawal of permission will result in a discontinuation of participation in the Illinois EI program.

**Notice and Consent for Family Assessment**

A family assessment will be conducted to help determine the resources, priorities, and concerns of the family and to identify the supports and services necessary to enhance the family's ability to meet the developmental needs of the child.

- I give my consent to the Child and Family Connections (CFC) office to administer a Family Assessment.
- I do not give my consent to the EI CFC office to administer a Family Assessment.

**Notice and Consent for Initial Evaluation/Assessment**

A multidisciplinary evaluation will be conducted by at least two qualified individuals from different disciplines. Your participation in the evaluation process 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 physical, cognitive, communication, social or emotional and adaptive. How the evaluation/assessment is performed will vary based on the needs of your child. It may include the review of medical/developmental records, parent interviews, child observation and administration of evaluation instruments. The evaluators will discuss this process with you.

- I give my consent to the EI program to conduct an Initial Evaluation/Assessment.
- I do not give my consent to the EI program to conduct an Initial Evaluation/Assessment.

**Child and Family Early Intervention Rights**

My child and family's EI Rights have been explained to me and I understand them. EI will provide a copy of the document entitled, *State of Illinois Infant/Toddler and Family Rights under IDEA for the Early Intervention System*, which describes these rights, the procedures the EI Program follows and the steps I can take to assure that my EI rights are guaranteed. As explained in the document, I understand I have a right to disagree with the decisions made by EI staff, the CFC and any provider, and I may file a State Compliant, request Mediation or a Due Process Hearing.

**System of Payments and Fees**

EI will provide a *CFC Notice of System of Payments and Fees* to each family which contains information regarding the use of private insurance and/or All Kids benefits, participation in Family Participation Fees, EI services provided at no cost and EI Services which are subject to Family Participation Fees, private insurance billing and/or All Kids reimbursement.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.