

Permission to Screen, Assess, or Evaluate	
Educational and Developmental Intervention Services (EDIS) - Early Intervention Services	
Location of EDIS Program:	
1. Child/Family Information	
Child's Name: (first, middle initial, last)	Today's Date: (DDMMMYYYY)
Sponsor's Name: (first, last)	FM DEERS Prefix and Sponsor's SSN:
2. Permission to Screen. (Do not use this form for mass Child Find screening activities.)	
<input type="checkbox"/> Developmental Screening	<input type="checkbox"/> Functional Hearing Screening
<input type="checkbox"/> Functional Vision Screening	<input type="checkbox"/> Other:
3. Permission to Assess/Evaluate Purpose: <input type="checkbox"/> Eligibility <input type="checkbox"/> Annual <input type="checkbox"/> Subsequent	
<input type="checkbox"/> Comprehensive Assessment/Evaluation (check when permission is requested for <u>all</u> five developmental areas) <input type="checkbox"/> <u>Communication</u> – how your child understands and lets you know what he/she wants. <input type="checkbox"/> <u>Social-Emotional</u> – how your child gets along with family members and other people. <input type="checkbox"/> <u>Cognitive</u> – how your child thinks and solves problems. <input type="checkbox"/> <u>Adaptive</u> – how your child performs tasks such as dressing, feeding and toileting. <input type="checkbox"/> <u>Physical: Motor</u> – how your child moves and uses his/her hands. <input type="checkbox"/> <u>Health</u> – review of medical records and an assessment of vision and hearing.	
Other permission:	
<input type="checkbox"/> Additional assessments/evaluations required to complete a comprehensive assessment/evaluation. <input type="checkbox"/> Subsequent stand-alone assessments/evaluations. <input type="checkbox"/> Referral to other agencies/providers. <input type="checkbox"/> Observation (Check when permission is requested to conduct observation(s) without the parent/guardian present and specify location.) <input type="checkbox"/> Other (specify):	
Comments: (Specify family requests regarding the assessment/evaluation, for example, conducted in the family's home, both parents to be present, conducted in Spanish, child most alert between 9-11 AM, etc.)	
4. Parent/Guardian Permission	
Privacy Act Statement: 20 USC Chapter 33 (Individuals with Disabilities Education Act) authorizes collection of this information. The primary purpose for collecting this information is to obtain permission for EDIS to screen, assess, or evaluate your child. This information will be used by EDIS to determine eligibility and, if eligible, appropriate early intervention services. Disclosure is voluntary, however, failure to provide this information may affect participation in EDIS. If your child is determined to have a developmental delay, you will be referred for Exceptional Family Member Program enrollment.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I received a copy of the early intervention procedural safeguards and due process procedures and an explanation of this information.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand the procedural safeguards and due process procedures.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I give permission to conduct the screenings/assessments/evaluations described above.	
Parent/Guardian: (Signature and Date)	Parent/Guardian: (Signature and Date)
Prepared by: (Signature and Title of EDIS Staff Member)	
Original: EDIS Convenience Record - Copy: Parent	