Building Blocks Therapy, LLC

**Permission to Evaluate**

Your child has been referred for an initial/annual (circle one) evaluation to determine eligibility and educational need for Early Intervention services. Your child has been referred for the following reason(s):

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

Building Blocks therapy requests your consent to conduct an individual evaluation of your child. We must have your written consent before we can begin. As a parent/guardian, you are a member of the team. Information from you is to be considered by the team as part of the evaluation process. You are entitled to participate in any meetings about the identification and evaluation of your child. The team will collect and review existing data, observations, assessment results, and information from you to make decisions about your child’s performance levels, strengths and needs, and eligibility for Early Intervention services.

Following is a list of the specific types of assessments and/or procedures that may be used:

* **Observation**
* **Parent/caregiver report**
* **Standardized tests (list): \_\_DAYC-2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Other:**

The team will determine whether your child has a delay in development and needs Early Intervention services. The findings from the evaluation will be contained in an Evaluation Report (ER). If your child is determined to be eligible, you will be invited to participate in developing an Individualized Family Services Plan (IFSP) to provide appropriate services to help your child succeed.

Early Intervention providers in Pennsylvania are mandated reporters and by law must report suspected child abuse and neglect to Children and Youth.

*My child’s case will be subject to review by my child’s therapist and other agency personnel solely for continuity of care, treatment, internal review, evaluation, research, or training. Building Blocks Therapy has permission to share information about my child with my county MH/ID/EI program.* ***CHECK COUNTY: Franklin/Fulton York/Adams***

*By signing below, I confirm I have read the above statements. In addition, I give consent for my child to be evaluated by Building Blocks Therapy. I further give consent for my child to receive emergency medical procedures, which are necessary to preserve life or prevent permanent impairment of health. I am fully aware that I will actively participate in the formulation of my child’s treatment plan.*

**Signature of Client’s Parent/Legal Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_

**Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have been provided Building Blocks Therapy’s Notice of Privacy Practices.

It tells me how Building Blocks Therapy will use my health information for the purposes of my treatment, payment for my treatment, and Building Blocks Therapy’s health care operations.

The Notice explains in detail how Building Blocks Therapy may use and share my health information for other than treatment, payment, and health care operations.

I understand that Building Blocks Therapy will also use and share my health information as required by law**.**

**Signature of Client’s Parent/Legal Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date: \_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Time In: | Time out: | Units: | SC: |

**IF TELEHEATH: The following statement was read to the family before beginning:** “This session will not be recorded by any party of the call/video-conference and no questions or stimulus materials can be replicated”

**Evaluator E-Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DAYC-2 Score Sheet**

Child’s Age (in months): \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Sub-Domain | Raw Score | Standard Score |
| Cognitive |  |  |
| Total Language |  |  |
|  Receptive Language |  |  |
|  Expressive Language |  |  |
| Social-Emotional |  |  |
| Total Motor  |  |  |
|  Gross Motor |  |  |
|  Fine Motor |  |  |
| Adaptive Behavior |  |  |

Qualifying score is a standard score of 77.5 or less in any subdomain

This child:

\_\_\_\_\_ Qualifies for EI based on standard scores

\_\_\_\_\_ Does not qualify for EI

\_\_\_\_\_ Qualifies based on diagnosis

\_\_\_\_\_ Qualifies on informed clinical opinion

NOTES: