



**Infants and Toddlers Program  
Department of Health**

**NOTICE/CONSENT FOR MULTI-DISCIPLINARY EVALUATIONS AND ASSESSMENTS**

Child's Name: \_\_\_\_\_

Date \_\_\_\_\_

Child's DOB: \_\_\_\_\_

The USVI Infants and Toddlers Program is required to obtain your informed written consent to proceed with evaluation and assessment activities in order to determine eligibility for early intervention services, and for any additional or on-going evaluations and assessments.

This consent shares with you some important information concerning the upcoming evaluation/assessment of your child. The purpose of the initial evaluation/assessment is to learn if your child is eligible for the USVI Infants and Toddlers Program and to learn about your child's strengths and areas of concern in five areas of development (physical – including vision and hearing, cognition, communication, adaptive and social/emotional). All evaluation/assessment activities must be scheduled at times and locations that are convenient for you. Evaluation/assessment activities may take place on different dates. If this is an initial evaluation/assessment, at least two (2) qualified individuals from different disciplines or professions will conduct the evaluations and assessments, based upon referral information and your concerns. The USVI Infants and Toddlers Program is required to obtain your informed written consent for on-going evaluations and assessments if your child is eligible for services and enrolled in the program.

The multi-disciplinary team will complete a variety of information gathering activities during the initial evaluation/assessment process including a family interview, review of pertinent medical/developmental records, child observation, and formal/informal assessment. Your participation as a member of the multi-disciplinary evaluation/assessment team is very important. You know your child best and can provide valuable information.

- I give informed consent for multi-disciplinary team members to proceed with evaluation and assessment activities to determine my/our child's eligibility for USVI Infants and Toddlers Program.
- I do not give informed consent for USVI Infants and Toddlers Program to evaluate my/our child and, in doing so, I/we understand that my/our child will not be eligible for the USVI Infants and Toddlers Program.
- I have received a written copy of the USVI Infants and Toddlers Program Family Rights Notice.
- I give informed consent for the following evaluations and assessments \_\_\_\_\_

\_\_\_\_\_  
Parent(s)/Legal Guardian Signature

\_\_\_\_\_  
Date

