Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE)

Date: _____

Date of Referral to the Early Intervention Program: _____

Child's Name

Last: _____ First: _____

Child's Date of Birth: _____ Child's Age (year-month): _____

Name of Parent/Legal Guardian/Surrogate

Last: _____ First: _____

Phone Number: _____

Home Address: _____

School District: _____ County: _____

Early Intervention Service Coordinator: _____

Phone Number: _____ Fax Number: _____

Committee on Preschool Special Education Chairperson: _____

Phone Number: _____ Fax Number: _____

PLEASE READ

I understand that the Committee on Preschool Special Education may use evaluation reports and other Early Intervention Program records, which I may choose to share, as part of the Committee on Preschool Special Education evaluation process. I decide what records to share, if any. If I consent to share these records, the Committee on Preschool Special Education will review them and will decide if other evaluations are necessary to decide if my child is eligible for preschool special education programs and services. I understand that if the Committee on Preschool Special Education asks for more evaluations, I will be asked for my consent for the Committee on Preschool Special Education to evaluate my child.

I understand that if I do not consent to evaluations asked for by the Committee on Preschool Special Education, and my child is not evaluated by the Committee on Preschool Special Education and is not determined eligible for preschool special education programs and services by my child's third birthday, Early Intervention Program services will end the day before my child turns three years old.

CONSENT TO TRANSMIT EARLY INTERVENTION PROGRAM EVALUATION AND PROGRAM RECORDS TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION

☐ I give my consent to my Service Coordinator to transmit the following Early Intervention Program reports and records to the Committee on Preschool Special Education of the school district in which my child resides:

_____

_____

☐ **I do NOT give consent** to my Service Coordinator to transmit Early Intervention Program records and reports to the Committee on Preschool Special Education of the school district in which my child resides. **I understand that my child must be referred to, evaluated by, and, before the day my child turns three years of age, be found eligible by the Committee on Preschool Special Education for services, to continue to receive Early Intervention Program services on and after my child's third birthday.**

Parent Name: _____

Parent Signature: _____

Date: _____

Please note: If the fillable Consent for Transmittal of EIP Evaluations and Records to the Committee on Preschool Special Education form includes a Parent/Guardian's electronic signature, that signature must also include an electronic signature validation marker (available through applications like Adobe Acrobat, DocuSign, etc.) that includes the signature date and time on the form. If that safeguard is not available, the Consent for Transmittal of EIP Evaluations and Records to the Committee on Preschool Education form must be printed to allow the parent/legal guardian to sign for consent on the paper copy.