



# Early On<sup>®</sup> Consent to Evaluate

Alpena-Montmorency-Alcona  
Educational Service District  
2118 US 23 South  
Alpena, MI 49707  
(989) 354-3101

Child's Legal Name:

Birth Date:

Parent's/Guardian's Name:

*Early On*<sup>®</sup> Michigan helps to make sure eligible children get the services they need to be healthy, grow and develop their skills. Services to support children's healthy development may come from many places in the *Early On* system. To find out whether or not your child qualifies for support or services from *Early On*, an evaluation of your child's growth and abilities is conducted (i.e., how does your child think, see, hear, move, communicate, relate to self/others and take care of his/her basic needs).

During the evaluation, information about your child's strengths, needs, health and development will be requested. You, your child's doctor, and others who know about your child will be asked to give information. *Early On* can only gather information about your child with your permission. You will be asked about your child's daily routines and the parts of the day that are easy for you and your child and those that are more difficult. You may also be asked about your concerns, priorities and resources as they relate to supporting your child's growth and development. If you choose not to talk about your family, your child will still receive services if he or she qualifies.

The information that is gathered from you or others is kept in your confidential *Early On* record. Basic information about your child is also kept in a database on the computer. More information about how *Early On* works, and about your family's rights, is in the *Early On* Family Guidebook and the *Early On* Family Rights booklet. It is important for you to receive and understand these documents before you sign this consent form. The Consent to Evaluate is always voluntary. However, without an evaluation, your child will not be able to receive services under *Early On*.

Please put a ✓ in the box for the statement(s) that apply:

- I would like to learn if my child and family are eligible to participate in *Early On*<sup>®</sup> Michigan:
  - Yes     No    I have received a copy of the *Early On*<sup>®</sup> Family Guidebooks that I have checked:
    - Welcome to *Early On*<sup>®</sup>\*
    - Our Individualized Family Service Plan
    - Transition: Leaving *Early On*<sup>®</sup>
    - Early On*<sup>®</sup> Family Rights\*
    - Procedural Safeguards for Special Education
  
- Yes     No    I have reviewed and understand the Family Guidebook and Family Rights information prior to signing this consent form, and prior to my child's evaluation.
  
- Yes     No    I understand my family's role in the evaluation process.
  
- Yes     No    I consent to the evaluation and assessment of my child's abilities.
  
- Yes     No    I consent to talk about my family's concerns, priorities and resources related to supporting my child's growth and development, and understand I only have to give information I am comfortable sharing.
  
- Yes     No    I understand this consent form.

**OR**

- I do not wish to participate in *Early On*<sup>®</sup> Michigan at this time.

I understand that this means that my child will not be evaluated for *Early On*<sup>®</sup> eligibility. I further understand that without consent and evaluation, an Individualized Family Service Plan (IFSP) will not be developed, and we will not receive services available through *Early On*<sup>®</sup> Michigan.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\* Must be given at the first meeting. The *Early On*<sup>®</sup> DVD may also be given.