



**NYC EARLY INTERVENTION PROGRAM  
CONSENT FOR ADDITIONAL/SUPPLEMENTAL EVALUATION**

Child's Name: \_\_\_\_\_  
Last First MI

EI #: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Referral \_\_\_\_\_

Dear Early Intervention Official Designee:

I give consent for \_\_\_\_\_ to complete a supplemental evaluation  
Name of Evaluation Site

for my child. I understand that the information will be used to inform my child’s Individualized Family Service Plan (IFSP). I also understand that this evaluation site will coordinate the evaluation process and is the only agency that is authorized to arrange my Early Intervention evaluation.

I have been informed that I will be involved in my child’s evaluation, that I will receive the results of all evaluations, that the results will be reviewed with me by the evaluation agency, and that a copy of all evaluations will be forwarded to the NYC Early Intervention Program.

\_\_\_\_\_  
Signature of Parent/Surrogate Parent

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluation Site Representative

Date: \_\_\_\_\_



## INSTRUCTIONS FOR COMPLETION CONSENT FOR ADDITIONAL/SUPPLEMENTAL EVALUATION

This form is to be signed by the birth/adoptive parent or the surrogate parent giving permission for an additional/supplemental evaluation **before** the evaluation may be performed. A representative from the evaluation site must also sign this form.

It is expected that the evaluation site will clearly explain to parents their right to have an authorized evaluation completed within 30 days of the date that the Early Intervention Official authorizes the supplemental evaluation as part of the child's Initial, Review, Annual, or Amendment IFSP. Any evaluator accepting a child for an evaluation must make all attempts to conform to this NYS regulatory requirement.

**This form is not to be used with a foster parent unless the NYC Early Intervention Program has assigned that person to be the surrogate parent** (Refer to Chapter 2 – Foster Care & Surrogacy.) If the parent of a child who is in foster care is available and able to give informed consent for evaluation, that parent may sign this form.

The **Consent for Additional/Supplemental Evaluation** form with the appropriate signature must be submitted with the evaluation reports to the parent, person in parental relationship, or assigned surrogate parent, and in the EI-Hub. Failure to obtain this consent from the parent, person in parental relationship, or assigned surrogate parent **prior** to the initiation of each evaluation **will affect payment for the evaluation**.

An evaluation can be reimbursed by the NYC Early Intervention Program **only** if the evaluation agency (appendix provider) has an agreement with the NYS Department of Health, Bureau of Early Intervention for the delivery of evaluation services and has submitted complete documentation to the Regional Office via the EI-Hub (i.e., Consent for Additional/Supplemental Evaluation, evaluation reports). In addition, please refer to **Policy 6-C: Obtaining Prescriptions for Authorized Services and Evaluations** for prescription requirements prior to the initiation of certain supplemental evaluations.