



NOTICE OF ACTION/CONSENT: DURING COVID-19

NAME OF CHILD	DATE OF BIRTH	DATE COMPLETED
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INSTRUCTIONS

Prior written notice must be provided to the parents of children in First Steps and written parental consent must be obtained before certain actions are taken. The parent must sign and date the form and return it to the Service Coordinator. The Service Coordinator contact information is included below.

Section 1: Evaluation and Assessment

Action Proposed	Reason for the Action	Accept	Decline
Evaluation/Initial Assessment of the Child	To conduct an evaluation of the child to determine eligibility for First Steps, unless medical or other records confirm eligibility; and, For an eligible child, to conduct an initial assessment of the child to prepare for an Individualized Family Service Plan (IFSP). NOTE: The evaluation session will not be recorded, reproduced or published and copies of the materials will not be made. The evaluator may not use recording capabilities to record live test administration.	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing Assessment of the Child		<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Early Intervention (EI) Services

Action Proposed

- Initiation of EI Service(s)
 Discontinue EI Service(s) at IFSP Team Request
 Change in EI Service(s)

Service Type	Reason for the Action	Accept	Decline
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

CONSENT

I am aware of the services that are available to my child and family.

I understand I must provide written consent before the action(s) I accepted can be provided to my child and family. I also understand my child and family will not receive any service I decline.

PARENT SIGNATURE	DATE OF PARENT SIGNATURE
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PRINTED NAME OF PARENT

SERVICE COORDINATOR

SERVICE COORDINATOR NAME AND ADDRESS	SERVICE COORDINATOR PHONE NUMBER
SIGNATURE OF AGENCY REPRESENTATIVE	DATE RECEIVED BY AGENCY

A copy of the Parental Rights Statement is enclosed with this notice.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.