



Alpena-Montmorency-Alcona Educational Service District

Team Evaluation Planning (TEP) Form

Early On® CONSENT TO EVALUATE

Early On® provides coordinated services from many different agencies to families with infants and toddlers who qualify. To find out whether a child qualifies for these services, an evaluation is done. *Early On® : Michigan's Family Guidebook to Early Intervention Services* describes Early On® and the evaluation process.

You have indicated an interest in finding out whether your child and your family might be able to receive Early On® services. To determine whether your child qualifies, information about his or her developmental progress, strengths and needs is necessary. You, your child's doctor, and others who know about child development (the evaluation team) will be asked to provide this information with your permission. Also, you will be asked to provide some general information about your family, including your concerns, resources and priorities related to your child. If you do not wish to talk about your family, you can still receive services for your child, if he/she qualifies.

The information that is gathered becomes part of your child's confidential Early On® record. It will be kept in a safe place and only people involved in your child's evaluation or services, or people to whom you give written permission may read it. Your child's name will be added to a computerized list of children receiving Early On® services. This list is required by Part C of the individuals with Disabilities Education Act for funding and planning purposes.

CHILD'S NAME _____ DATE OF BIRTH _____

Parent(s) Name _____ Address _____

Evaluation Planning Team

_____	_____
District Representative	Parent
_____	_____
Special Education Teacher	Other
_____	_____
Other	Other

PRESENT LEVEL OF PERFORMANCE (academic, social, emotional/behavioral, fine and gross motor, medical ... etc.)
Summary of existing evaluation data provided by committee participants (parent; teacher; related services providers; classroom based assessments and observations; medical information ... etc.)

The IEP Team has determined that no additional information or evaluation data is required at this time.

Reason: _____

More information is needed to determine:

- Disability
- Present Level of performance/educational needs
- Need for special education and related services
- Any modifications to the IEP to enable the child to meet annual goals or to better enable the child to participate in age appropriate activities

Child's Name: _____ IEP Team Evaluation Planning Meeting Date: _____

EVALUATION PLAN

Identification and description of evaluation procedures/data to be obtained by the Evaluation Team

Description of Assessment	Source of Data	How Data is to be used	Yes	Parental Consent No - Reason for disagreement and proposed resolution

PARENT/GUARDIAN NOTICE AND CONSENT

Please check the statements that apply:

- Early On has been explained to me, and I have received a copy of the "Early On Family Rights."
- I have received a copy of the Early On Family *Guidebook*
- I have received a copy of the "Early On Authorization to Share Information" Form.
- I understand that the results of this evaluation plan will be used as described above.
I understand that under most circumstances, my consent is required for this evaluation plan to be completed. My signature below indicates I agree with this plan and request that it be implemented.
- I do NOT agree with this plan and request a meeting to discuss it.
- I do NOT agree with this plan and request mediation.
- I do NOT agree with this plan and request a hearing. Please see above for a description of the nature of my disagreement and a proposed resolution of the problem.

Parent/Guardian Signature: _____ Date: _____

School District Office: Date Parent Consent Received: _____ Received by: _____