

CHILD FIND SCREENING POLICY

As part of the Child Find System, screening may take place to determine whether a child is suspected of having a developmental delay of 20% or more in one developmental domain. Individual child screening is not a mandatory procedure prior to multidisciplinary team evaluation and assessment and may not be used to extend the 45 day timeline for the Individualized Family Service Plan (IFSP) development.

If the screening indicates that the child is suspected of having a developmental delay that meets the state's definition, an evaluation must be conducted.

If the service area believes, based on screening and other available information, that the child is not eligible for *Early On*, the service area must ensure that notice is provided to the parent. If the parent still requests an evaluation, one must be performed.

Parents must be notified and consent to screening. A sample form is attached.

SAMPLE

Early On Michigan
Service Area Label (w/Phone Number)

To: Family
Address
City, State & Zip
RE: Child's Name
ID Number: #####

Notice and Consent for Screening

Reason for Notice

Early On Michigan is required to provide you with written notice within a reasonable time (seven calendar days) before conducting screening (identification) activities. It is required that you give informed, written consent for these activities through your signature below.

The purpose of screening is to determine your child's need for evaluation/assessment under *Early On Michigan*. This is your statement of that notice. "Consent" means that: (1) you have been fully informed of all information about the activity (ies) for which consent is sought in your native language (unless clearly not feasible to do so) or other mode of communication; (2) you understand and agree in writing to the carrying out of the activity (ies) for which consent is sought; and (3) you understand that the granting of your consent is voluntary and may be revoked in writing at any time.

Action Proposed

Your child will be screened in the following developmental areas: cognition, gross motor, fine motor, communication, social emotional, adaptive, vision, and hearing. The screening results will be used to determine the need for evaluation/assessment under *Early On Michigan*. **The results and information obtained during the screening will remain confidential.**

Description

How the screening is performed will vary based on the needs of your child. It may include review of medical/developmental records, parent interview, child observation, and/or administration of formal and informal developmental screening tools. The person who performs the screening will talk with you about these methods and results.

Timelines

If a determination is made that your child needs an evaluation/assessment, the evaluation/assessment and the initial IFSP meeting must be completed within 45 calendar days from the date your child was referred for the screening. If your family needs additional time beyond the 45 days, it is important that you tell your Service Coordinator.

Date your child was referred to Part C: _____

Acknowledgement and Statement of Consent

I have received a copy of my rights under Part C of IDEA (Notice of Child and Family Safeguards) in *Early On Michigan*. These rights have been explained to me and I understand them.

I do_____/do not_____ give my informed consent for Early On Michigan to carry out the activity (ies) described above.

Signature of Parent (s)

Date

Received by:

Name/Title

Date

Optional: I understand the above and agree that this activity (s) by Early On Michigan may occur prior to the seven calendar day prior notice timeline.

Signature of Parent(s)

Date