

### **PERMISSION TO EVALUATE FOR**

# EARLY INTERVENTION

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to**

All About Kids to evaluate my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This evaluation may include a Speech Evaluation, Special Education Evaluation, Medical Report, and any other evaluations applicable to my child’s needs and/or required by New York State Regulations. I am aware that I will be receiving a copy of my child’s evaluations and that the evaluation site will be contacting me to ensure that I have received the evaluations and to answer any questions I may have regarding the results. I am also aware that by signing this form, I am only giving consent for my child to be evaluated, and does not apply to any services, which may be recommended.

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**(Parent/Guardian’s Signature)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Date)**

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| Executive Office  Nassau | Suffolk | Queens  Manhattan | Brooklyn | Bronx | Westchester |
| 255 Executive Drive,  Suite LL 105/108  Plainview, NY 11803  **516-576-2040**  Fax: 516-576-2131 | 150 Vanderbilt Motor Pkwy, Suite 401  Hauppauge, NY 11788  **631-439-6860**  Fax: 631-439-6861 | 37-11 35th Ave,  Suite 3C  Astoria, NY 11101  **718-706-7500**  Fax: 718-706-9595 | 175 Remsen Street,  Suite 750  Brooklyn, NY 11201  **718-522-7300**  Fax: 718-522-5280 | 3140B  E. Tremont Avenue  Bronx, NY 10461  **718-239-4147**  Fax: 718-239-4310 | 145 Huguenot Street, Suite 404  New Rochelle, NY 10801  **914-251-0905**  Fax: 914-251-1266 |

[**www.allaboutkidsny.com**](http://www.allaboutkidsny.com)