



Parental Refusal for Further Evaluation



Child/Participant Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

I have discussed the following developmental and/or social emotional screening tool results with my Teacher/Home Visitor:

Screening Reports Reviewed

- ASQ-3
- DECA
- Three Prong Vision and Hearing
- TS Gold Assessment
- DRDP Assessment
- Preschool Hearing and Vision

I understand that the results from the above developmental and/or social emotional screening(s) indicate that my child may benefit from further evaluation from either an early intervention or school district team.

Refusal of Referral for Further Evaluation

- I understand the referral process for further evaluation and am refusing a referral for my child at this time.
- I understand I may request a referral for further evaluation at any time.
- I understand that my child’s Teacher/Home Visitor will continue to plan activities designed to support the growth and development of my child. These activities are planned in partnership with me, using the screening and assessment results as part of the planning process.

Authorization Signature	Printed Name	Date
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Relationship to Child	Phone Number	Organization <i>(if applicable)</i>
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