

Early Learning Coalition of Florida's Heartland, Inc.

www.elcfh.org

Child Development Support Services

Dear Parent/Guardian,

The first five years of your child's life are a time of amazing growth! In an effort to ensure that each child is progressing well during this period, the ELCFH provides screening, assessment, and observation for School Readiness funded children. By signing the consent form, you are permitting trained ELCFH staff and/ or your child's teacher to provide these services. Services are FREE.

Services offered may not all apply:

- Child development screenings and assessments
- Child observations (In the classroom - how your child interacts with his or her child care setting)
- Child observations through video conferencing in the child care and/or home setting.

Child's Name	Date of Birth	Does your child have a current IEP or IFSP?	Are you willing to provide a copy the IEP or IFSP so we may better support your child?	Does your child currently receive speech, occupational, behavioral type therapies?	Home Language

If your child has a current IEP or IFSP, please provide a copy for our records.

Yes, I, _____, give consent for my child/children to receive screening,
(Print Parent/Guardian Name)

assessment and observation services. I understand that I will receive the results in writing and that information will be shared with and between the ELCFH, child care facility and my child's teachers, and community partners (such as CARD, Early Steps and FDLRS) to best support my child's learning. I understand my child may receive intentional support.

Yes, I also give permission to share and discuss my child's medical information, social – emotional and mental health, IEP, IFSP, therapy evaluations, etc., with/between my child's teachers, directors, and community partners such as CARD, Early Steps and FDLRS to best support my child.

No, I, _____, do not want screening and assessment services.
(Print Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)