

Permission to Screen **and** Enter Results into Database

Today's Date _____ Location _____

Child's Name _____ Male Female

Birth Date _____ If your child was premature, how many weeks? _____

Parent's/Guardian's Name _____

Address _____

Street

City

Zip

Phone (Home) _____ (Cell) _____ School District _____

Email address: _____

Primary Home Language: _____ Secondary Home Language: _____

Do you have any concerns about your child? (Please explain) _____

Has your child ever been screened before? No ___ Don't know ___ Yes ___ If so, where and when? _____

Has your child attended any program or received any services? No _____ Yes _____

If so, what program? _____

Community partners work together to ensure children's healthy development and readiness for learning while building strong families, healthier communities, and supporting and engaging parents in their child's education.

- I give my permission to the participating agencies of the *Southern Illinois Coalition for Children & Families* to assess my child's speech, vision, hearing, and overall development **and** to enter the information into their secure region-wide data base.
- I understand that the tool used is nationally known and valid in assessing the developmental status of children. The assessment is implemented in a "game-like" format of activities and results may be reviewed by appropriate agencies*. I understand that the results will be reviewed with the parents or guardian.
- I understand that referrals will be made for children (aged birth-3 within five days) as required by law if results indicate a potential delay.
- I understand this **Permission/Release of Information Form** is valid up to one year from date signed.

Parent's Signature _____

Date _____

* Participating members include: This child care program, CCR&R at JALC, Child and Family Connections, and the local school special education department.

