

Parent/Guardian Consent Form

The first five years of life are very important to your child as it sets the stage for success in school and later life. In an effort to offer your child the best opportunities the Early Learning Coalition of Flagler and Volusia (ELCFV) in collaboration with early childhood educators, community partners and you, the parent/guardian, is providing free screening and assessment services. These services are conducted via observations or direct interactions with your child.

A Screening is a quick process/snapshot of your child's development and may include the following: developmental, social-emotional, hearing and vision.

An Assessment is a more detailed/in-depth look at your child's development to assist your child's teacher with his/her activity planning.

The results of the screening and assessment will be shared with you, your child's early childhood educator and any referral agencies if you give ELCFV permission to refer.

In order to conduct screening, assessment and/or observation of your child, we will need your consent:

Child's Name	Date of Birth	Gender	Give/Deny permission to screen	Child Care Enrolled at
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Give <input type="checkbox"/> Deny as my child is in therapy <input type="checkbox"/> Deny	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Give <input type="checkbox"/> Deny as my child is in therapy <input type="checkbox"/> Deny	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Give <input type="checkbox"/> Deny as my child is in therapy <input type="checkbox"/> Deny	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Give <input type="checkbox"/> Deny as my child is in therapy <input type="checkbox"/> Deny	

In the event your child's screening indicates a need for further evaluation do you give your consent for the Early Learning Coalition to initiate a referral to FDLRS (Florida Diagnostic & Learning Resource System), Early Steps or other community partners with the understanding that these agencies and ELCFV/child care provider will contact you prior to any further assessment? This would also authorize the Early Learning Coalition to release and receive information about you or your child for the purpose of care and services coordination.

Please Check One: _____ I give permission to refer _____ I deny permission to refer

Parent/Guardian Information

Last Name	First Name	Relationship to child(ren) above	
Street Address	City	Zip Code	Phone #

Parent/Guardian Signature _____ Date _____

This consent is effective for the duration of one fiscal year from July 1st to June 30th