

(Revised: 12/2016)

## The Early Learning Coalition of Sarasota County 1750 17<sup>th</sup> Street; Building L, Sarasota, FL 34234 Tel:(941) 954-4830 ~ Fax: (941) 954-4831

Please mail or fax: Attn: Veronica Harty

## Screening Consent

Child care programs affiliated with The Early Learning Coalition of Sarasota County offer an on-site developmental screening for children birth through five years old. This is a free service to families and will be administered by your child's teacher. The purpose of this screening is to determine whether your child's development corresponds to what is typically expected for a child at his/her age. The process utilizes the ASQ-3 (Ages and Stages Questionnaire) screening tool to assess what skills your child has achieved and identify areas which may need additional support. If indicated, an observation will be completed of your child participating in daily classroom activities, routines and practices. Specific ASQ activities, intentional teaching ideas and a re-screen may be suggested to give your child more time to develop. If a more complete evaluation is indicated, a referral to the appropriate community program will be recommended and you will be informed and guided through the process.

Child's Information Date of WARM Line Inquiry	Child's Name	Date of Birth
Name of Child Care Program:		
		Phone:
Teacher(s) name(s):		Director(s):
Is your child receiving support	for/from any of the follow	ing community services? (Please initial)
Pediatrician/Primary Health (	Care Physician:	
Speech Therapy	·	Healthy Start participant
If yes, name of agency:		If yes, name of Care Coordinator:
Occupational Therapy		Children and Family Services
If yes, name of agency:		If yes, name of Case Manager:
Physical Therapy		Healthy Families participant
If yes, name of agency:		If yes, name of Case Coordinator:
Mental Health Therapy		Gulf Central Early Steps (DOH/CMS) participant
If yes, name of agency:		If yes, name of Service Coordinator:
Parent/GuardianName(s):		E-mail:
Parent/Guardian Address:		City/State/Zip
lephone Number(s): Home:_	Wor	k:Cell:
ason for Screening Request:		
onsent for Developmental Sc		parent/quandies of horaby
thoniza	child cana program u	parent/guardian of, hereby tho is affiliated with The Early Learning Coalition of Sarasota
norize	cmid care program v	nd confidential results will be reviewed with me once scored by t
·	· ·	e appropriate Interagency Release and Exchange of Information
		results and supporting documentation to the child care program
		rth-to-3 Years), The Florida Center for Early Childhood (FCEC)
·	d/or FDLRS/Child Find (3-to-5)	·
mily Network on Disabilities (FND) and		

For FCEC office use only:\_\_\_

Behavior

MH

OT/PT/ST

Parent Support



## INTERAGENCY RELEASE & EXCHANGE OF INFORMATION

The early childhood years are important for your child and set the stage for success in school and later life. It is important to ensure that your child's development proceeds well during this period.

By signing and dating this release and exchange of information, I allow the community partners of Sarasota County listed below to share specific information, including but not limited to, developmental screenings, curriculum-based assessments, consultation, and/or evaluations, both written and verbal, about my child and family in our best interests. I understand this is a cooperative effort among the partners of Sarasota County's community programs/ agencies who are involved and interested in sharing, not duplicating information, resources, or efforts.

Community partners of Sarasota County:

- The Early Learning Coalition of Sarasota County / Child Care Connection
- Childcare Providers (Preschools/Private/Faith Based/Family Child Care Homes/VPK
- The Florida Center for Early Childhood
- Sarasota County School Board
- FDLRS-Child Find
- Gulf Coast Early Steps
- Safe Children's Coalition

I, (Parent/Guardian),		
Parent/Legal Guardian Name:	Relationship to Child:	
Home Phone:	Cell Phone:	
Street Address:		
City/State:	Zip:	
Parent/Legal Guardian <b>Signature</b> :	Date:/	
Witness Signature:	_Date://	