PRE-K TO KINDERGARTEN COLLABORATION

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the release, receipt, and/or exchange of my child’s information between

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a period of five years beginning on the date of authorization. (Please write elementary school(s) or early childhood program (s).)

for the purpose of:

\_\_\_\_\_\_ transitioning to kindergarten

\_\_\_\_\_\_ classroom placements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ coordination of education services

\_\_\_\_\_\_ assessing kindergarten readiness

\_\_\_\_\_\_ providing ongoing support to the student, teacher, and/or family

This information may include but is not limited to:

\_\_\_\_\_\_ Attendance history

\_\_\_\_\_\_Types of services received

\_\_\_\_\_\_Behavior reports and plans created

\_\_\_\_\_\_ Developmental assessments

\_\_\_\_\_\_Notes or observations from teachers, either written or verbal

\_\_\_\_\_\_Health history

\_\_\_\_\_\_other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that my child:

\_\_\_ currently receives any of the services listed

\_\_\_ received these services in the past/ start & end date of services: from\_\_\_\_ to \_\_\_\_

\_\_\_ has never been a recipient of any of the services listed below

These services include:

\_\_\_\_ Early Intervention Services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Agency Name)

\_\_\_\_ Behavioral Health Services from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Agency Name)

\_\_\_\_Counseling Services from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Agency Name)

\_\_\_\_Other(s) from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Agency Name)

I understand that the information I have provided will allow for the optimal circumstances for a smooth transition plan for my child to occur. I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian Printed Name of Agency Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Signature of Agency Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent Agency Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date