



**Miami-Dade County
Community Action and Human Services Department
Child Development Services Bureau
Inclusion and Assessment Division**

Consent Form

To improve the quality of services provided to your child, Miami-Dade County, Department of Human Services, Child Development Services and The Early Learning Coalition of Miami-Dade/Monroe (the agency that oversees policy development and funding for early care and education) is coordinating a Screening and Assessment Program. This important project involves the efforts of everyone working together to help your child enter school ready to learn.

The screening and assessment process will be similar to the kind of activities your child is involved in on a daily basis. The results of the screenings and/or assessments will have no bearing on your child's receipt of services. All data gathered from this program will be kept confidential. Part of this process will involve, but is not limited to the collection of parent and teacher information. Researchers and your child's teachers will have access to the data in order to make informed decisions about how best to improve the quality of services provided to your child.

This consent includes the sharing of information with Citrus Health Network's (CHN) Inclusion Program to include: child's screening results, your contact information, authorization for a child observation and teacher interview, strategies/activities and consultation services for your child's teacher. In addition to the completion of the Individual Learning Support Plan (ILSP) only if needed and indicated by screening results. The CHN Inclusion Program may also contact you directly to offer additional enhanced services should they be deemed beneficial.

We look forward to working with you and your child to provide the best possible education. If you have any questions about Screening and Assessment, you can call 305-260-1240.

(PRINT) Name of Parent or Guardian

(PRINT) Child's First and Last Name

Child's Date of Birth

Center Name



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- I consent to have my child included in this screening/assessment program.
- I **DO NOT** consent to have my child included in this screening/assessment program
- Child is **not attending** this center _____

Center Rep. Signature and date

Date (This form is valid for one year)

SIGNATURE of Parent or Guardian

<p>My child speaks:</p> <p>___ English</p> <p>___ Spanish</p> <p>___ Creole</p> <p>___ Other _____</p>

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