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**ROCK-WALWORTH COMPREHENSIVE FAMILY SERVICES INC.**

 **HEAD START AND EARLY HEAD START**®

 ***Serving Rock & Walworth Counties***

**Parent/Guardian Permission to Release Confidential Information for Networking Purposes**

Information sharing regarding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last Name First Name MI Date of Birth**

Name of parent/guardian authorizing release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last Name First Name MI Date of Birth**

Head Start Staff and Early Head Start staff often work with Birth to Three program staff and Public School District staff to support one another’s services to children. One of the things that can be helpful is to discuss specific children’s strengths and challenges and progress. When we can discuss children together:

* We can discuss specific interventions or ways to support children who may be struggling with some learning and/or behavior. Just a few examples would include:
	+ Suggestions to support children in focusing better and/or for longer periods of time
	+ Providing fidget toys
	+ Doing a language sample for a specified period of time
* We can refer parents to schedule their child to attend a screening that may help determine whether or not a child would benefit from further evaluation to see if they could qualify and benefit from special education services provided through Birth to Three or school district services**. Note: If children receive these services, they can sometimes be provided within Head Start classrooms, in homes or children may benefit from attending two different programs.**
* When it might help a child, we can support Birth to Three or School District staff in getting permission from parents/guardians to evaluate children further and help parents understand their rights and responsibilities when their child is being considered for special education services.
* If parents and Birth to Three or Public School District Staff agree to evaluate for special services, we can advocate from the networking stage of the process to be included in the Individual Family Service Plan or Individual Education Plan meetings and goals development.

**This authorization should be valid for the current year (as stated with signature below) Sept. 1 through August 31. Unless otherwise stated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**This information is confidential and will be used to support programming which meets this family’s unique needs and goals.**

I release the Rock-Walworth Head Start/Early Head Start Program and its staff, outside agencies and staff, from any legal liability for requesting or releasing any of the information which I have permitted by signing this form for the period stated above. This permission may be withdrawn, in writing, at any time by the person signing this form, except to the extent that information has already been released in reliance upon authorization. Withdrawal of the authorization will be effective following receipt of the written request by Head Start/Early Head Start.

**As evidenced by my signature, I hereby authorize RWCFS, Inc. and the agency stated above to staff to discuss my child’s unique strengths and needs and share my child’s records in order to develop programming for my child and/or to support potential referrals for Birth to Three of Public School District Services. I understand that I have the right to be informed about and present any time there is a scheduled networking discussion about my child.**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(8/10)**