



OESD HEAD START/ECEAP SCREENING SUMMARY

Dear Parent/Guardian:

Results of our developmental screening and/or classroom observations indicate the need for further evaluation in these areas:

- Articulation : _____
- Language Development: _____
- Cognition: _____
- Motor skills: _____
- Vision and hearing: _____
- Behavioral/Social/Emotional: _____
- Adaptive: _____

We would recommend you contact the local school district office of special education to schedule further screening for your child as soon as possible. To do this, call _____ School District at _____ to schedule an appointment.
 (Phone number)

The school district screening is called Childfind. At Childfind, your child will be screened to see if s/he has delays in problem solving, social and self help development, motor development, and/or communication development. In the event your child shows delays at the screening, s/he will be scheduled for further evaluation. If as a result of this evaluation your child is eligible for special services, the Head Start/ECEAP and school district staff will work with you to develop an Individual Education Program for your child. This may include services that are given right at the Head Start/ECEAP site. If you have any questions, please call the Child Development Program Manager at 360-782-5050.

So that Head Start/ECEAP may work with the school district to support your child, we would appreciate receiving your permission to communicate with the district.

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

I hereby authorize the exchange of confidential information between:

Agency: _____

AND

Olympic ESD 114 Head Start/ECEAP
 105 National Avenue North
 Bremerton, WA 98312

Address : _____

Phone Number : _____

Head Start/ECEAP classroom : _____

Regarding: _____

(Child's Name)

(Birthdate)

I understand the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Parent/Guardian (Signature) _____

Date _____

Parent/ Guardian (Please Print) _____

Address _____

Phone _____
