Olympic Educational Service District 114
Early Learning Department
105 National Ave N Bremerton, WA 98312
(360) 478-6887 · 1-800-201-1300 · FAX (360) 405-5808

Referral for Further Evaluation Consent Form

Authorization to Disclose the Records of:

Child/Participant Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Reason for Release of Information: Referral for further developmental and/or social emotional evaluation.

☐ **I authorize mutual exchange of information about my child, as described below, between the following organization/school district and OESD 114 Early Learning Department for the purposes of further developmental and/or social emotional evaluation and service coordination.**

☐ **I authorize the organization/school district to contact me to initiate the referral process for my child.**

Organization/School: _____

Address: _____

Phone: _____ Fax: _____

Referral is for the Following:

☐ Articulation	☐ Motor Skills	☐ Social Emotional
☐ Language Development	☐ Adaptive	☐ Vision
☐ Cognition	☐ Behavioral	☐ Hearing

Documentation Attached:

☐ ASQ-3	☐ DECA	☐ Three Prong Vision and Hearing
☐ TS Gold Assessment	☐ DRDP Assessment	☐ Preschool Hearing and Vision

My permission is valid for ONE CALENDAR YEAR from signature date.

- I understand all information related to this referral will be treated in a confidential manner and will not be transmitted to a third party without my written permission.
- I understand that it is my right to request a copy of all information as well as to contest any information I feel is incorrect.
- I may revoke or withdraw my permission in writing at any time. I understand this will not affect information already disclosed.

Authorization Signature	Printed Name	Date
Relationship to Child	Phone Number	Organization *(if applicable)*

☐ I/we need interpretive services in this language: _____

If I am not the person who is the subject of the records, I am authorized to sign because I am the:

☐ *Parent* ☐ *Legal Guardian* ☐ *Other:* _____

One Form per Organization/Office