Olympic Educational Service District 114
105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 ● 1-800-201-1300 ● FAX (360) 405-5808

EARLY HEAD START SCREENING REFERRAL

Site: _____ **Date:** _____

Person Making Referral: _____ **Phone:** _____

Child: _____ **DOB:** _____

Parent(s): _____ **Phone:** _____

Address: _____

_____

Developmental Screening Attached: Yes No

Social Emotional Screening Attached: Yes No

Vision & Hearing Screening Attached: Yes No

Additional Information: _____

Authorization to Exchange Confidential Information

I hereby authorize the exchange of confidential information between Holly Ridge Center and the Olympic Educational Service District 114.

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.

_____ _____

Parent Signature **Date**