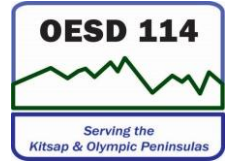




Olympic Educational Service District 114
105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



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 360-782-5063.

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

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Regarding: \_\_\_\_\_

(Child's Name)

(Head Start/ECEAP site)

(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)

Parent/ Guardian (Please Print)

Address

Phone Number \_\_\_\_\_