



Early Discovery Service Partnership



CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

The Early Discovery program provides services to children with a mild delay (between 10-24%) who would otherwise not qualify for services through the Miami-Dade Public School System (Part B). These services are offered at no cost to you and may be provided at a convenient location in the community, your child's day care center, or in your home. Your signature below authorizes the Miami-Dade Public School System to share your child's information with Early Discovery for the purpose of coordinating services for your child. Your child's information will only be shared with Early Discovery if he/she does not qualify for services through Miami-Dade Public Schools. Given this program is funded by The Children's Trust and we are only able to serve a limited number of families, eligibility will be determined by location, type of services needed, and other factors.

Child's Name _____

Parent's Name _____ Phone number _____

Address _____

Could you bring your child to a nearby location for services? _____

Days/hours you would be available to bring your child to a nearby location for services _____

Does your child attend a child care center? Yes No

Child care center Address _____

Days/Hours at child care _____

Could services take place at your child's day care center? Yes No

Days/hours you would be available for services to be provided in your home _____

I hereby authorize the mutual exchange of records pertaining to my child, _____, between the Miami-Dade Public School System and the Early Discovery programs.

Parent/Guardian Signature

Date

Witness

Date

Staffing Specialist's Name _____