

EHS PARENTAL CONSENT AND ACKNOWLEDGEMENT FORM

At this home visit orientation session I, parent/guardian of , (please print) have learned about program policies that will help to keep my child safe and healthy in order to promote a strong foundation for growth and development. My initials next to each item below indicate my acknowledgement and consent.

Developmental and Health Screenings and Assessments

_____ I give my consent for the following screenings and assessments to be performed and also understand that screening and/or assessment results will be shared with me in a timely and effective manner. **(1), (2)**

_____ Ages and Stages Questionnaire 3 (ASQ-3)

_____ Devereux Early Childhood Assessment Infant/Toddler (DECA I/T)

_____ I understand that NMCAA Early Head Start staff will be supporting my child's developmental progress using the Teaching Strategies GOLD online assessment tool.

_____ Hearing Screening _____ Vision Screening _____ Hemoglobin/Hematocrit _____ Height/Weight

_____ I understand that a healthy child is a child that is ready to learn and grow! Required screenings, immunizations, and any health and/or dental follow up treatments for my child are requirements for participation in the Early Head Start Program. My home visitor will advise me about the procedures for accomplishing these requirements as well as help make arrangements for payment if necessary.

Attendance

_____ I understand that full participation is encouraged in the Early Head Start Program and will maximize my child's opportunities for growth. I am aware that if home visit attendance becomes sporadic, my home visitor will work with me to improve attendance and that an Attendance Success Plan may be part of this process. If at any time the program no longer fits my schedule, and attendance cannot be maintained, my child may be placed back on the waitlist.

_____ I understand that socialization opportunities are also a part of the program and are important growth experiences for my child. If I have having trouble attending, my home visitor will work with me to identify ways in which to remove any barriers.

Consultation

_____ I understand that throughout the program year, my home visitor may consult with a mental health professional to obtain advice on how best to promote social-emotional wellbeing and mental health of my child and family. As part of my enrollment in the program, I will have access to mental health services as I decide they are necessary. **(3)**

Media/Gift Release

_____ I grant permission to have pictures/videos taken of my child and/or family. These pictures may be used in displays, bulletin boards, recruitment, community news, educational publications and stories. **Disclaimer: This release does not allow for NMCAA to use children's pictures on any social media sites including but not limited to Facebook or Twitter.**

_____ Throughout the year staff may release my name, address, and/or phone number to agencies/organizations that might offer a gift/contribution to my child and/or family. (Gifts/contributions may not always be available)

Mandated Reporter/Parent Handbook Review

_____ I understand that all NMCAA Child Development Program staff are required by law to immediately report to Child Protective Services any suspected abuse and/or neglect. We all have a role to report suspected child abuse and/or neglect to ensure a safe environment for children in our community.

_____ I have access to a Parent Handbook that I can refer to for program information. This Handbook was reviewed with me by my home visitor and can be found at <http://www.nmcaa.net> Early Childhood, Family Corner, Early Head Start. I can also talk with my home visitor about any questions I might have.

_____ I am aware that as a part of the Head Start/GSRP program my child's name, address, birthdate, and name of guardian will be entered into the Michigan School Data System, designed for state and federal data reporting. Occasionally this system is used to determine additional benefits my child may be eligible for (such as additional food benefits distributed during the pandemic).

Consent is voluntary, remains in effect for one year, and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.

Parent/Guardian Signature:

Date:

1st Recertification Signature:

Date:

2nd Recertification Signature:

Date: