

# Early Childhood Training & Consultation Program

## CONSENT TO RECEIVE SERVICES

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

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

Parent/ Guardian Contact #: \_\_\_\_\_

Parent/ Guardian E-Mail Address: \_\_\_\_\_

Child Care Program Name: \_\_\_\_\_

Child Care Program Contact #: \_\_\_\_\_

I give my permission for JRI's Early Childhood Training & Consultation Program (ECTC) consultant to provide some or all of the following services at the child care program listed above:

1. In-Person / (*Virtual*) Observation of my child in the school or childcare setting.  
**\*\*\* Please note that the observation will NOT be recorded. \*\*\***
2. Consultation to the teaching staff
3. Modeling strategies that support my child's participation in activities
4. Making recommendations for ongoing services
5. Maintain my child's ECTC record in a confidential file

I give permission for ECTC to communicate with the following individuals and/or agencies:

1. Name of my child's current Child Care Program: \_\_\_\_\_
2. Name of Pediatrician: \_\_\_\_\_
3. State/Government Agencies servicing your family: \_\_\_\_\_
4. Name of Child's Therapist/Counselor / Agency: \_\_\_\_\_
5. Name of Public School (if applicable): \_\_\_\_\_
6. Other: \_\_\_\_\_

I understand that non-identifiable data will be provided to EEC in an aggregate format to assist in understanding the effects of ECMHC and to provide information on the needed social-emotional supports. The data shared will NOT be connected to my child or their classroom.

I also understand that I may revoke this consent to receive services at any future time.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\*\*\* This Consent to Receive Services is valid for one year from date signed above. \*\*\*

