



Office Use Only:

Screening Therapist: _____

Additional Recommended Assessments (Please Circle): SLP / OT/ Behaviour/ PT/ Assistant

Proposed Funding (Please Circle): ELL MM PUF

Consent for Observation and Assessment

Alberta Education partners with approved ECS institutions to provide early intervention for those children that have delays in various areas in order to provide extra support, knowledge, and skills to prepare them for later learning. Foothills Alliance Kindergarten Society has formed its own early intervention services program called Solid Foundations to access funding and provide services to the children registered in our preschool and kindergarten programs. There is help available in the areas of speech and language, occupational, physiotherapy, psychology, and behavior therapies for those children who demonstrate a need and are registered for the upcoming preschool/kindergarten year. The Early Education Program applies for children who are between the ages of 3 years 8 months and 6 years of age as of September 1 of this school year. Those who demonstrate severe needs may qualify at a younger age.

The form below provides our professionals' consent to observe your child in a small group setting at school. This is done at the very beginning of September. We must have this consent form in order to see your child in the fall. There will not be any other opportunity for screening after these sessions at the beginning of September. **Please return your form PROMPTLY.** Upon completion of this observation, your child may be recommended to receive a more formal assessment. You will be contacted directly if your child is recommended for further assessment that would qualify them for services.

PLEASE NOTE: Your signature on this form indicates your consent and agreement OF:

- Observation of your child by Solid Foundations specialists
- Your child receiving early intervention services if they qualify through formal assessment
- Provision of a copy of your child's Canadian birth certificate or citizenship status at the time of the assessment. (Government-issued proof of name/year of birth/immigrant status is required for funding).
- REIMBURSING the professionals involved for the COST of the assessment and report, ONLY IF upon receiving qualifying assessment results, you decide NOT to participate in the funding & therapy process through Solid Foundations Early Intervention Services under Foothills Alliance Preschool/Kindergarten

Please print legibly

Child's Name: _____ D.O.B.: _____
 ... Last First Middle Year Month Day
 Sex: M / F Citizenship Status: _____ (i.e. Canadian, landed immigrant, temporary)

Alberta Health Care#: _____

Parent/Guardian's Name: _____ (mother)
 Last First
 _____ (father)
 Last First

Home Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____
 Street Address City Postal Code

Class Days: M T W R F Class Times: _____
 start finish

Classroom Teacher: _____

What is your child's first language?: _____

Is your child registered at another school? Yes / No If yes, please explain: _____

Year in School: 1 / 2 / Kindergarten **Will your child attend Kindergarten next year?** Yes/ No
 Has your child previously accessed early intervention service(s) through another agency or funding provider? Yes / No
 If yes, is your child currently accessing these services? Yes / No
 Please list any relevant medical information: _____

Please list any concerns that you may have about your child that may affect their learning: _____

Legal Guardian Signature: _____ Date: _____

You and your child's participation in this project are voluntary. If you require further information, please contact Janet Schmeiser, Director of Solid Foundations, at 587-890-1925 or jschmeiser.solidfoundations@gmail.com (Under the Freedom of Information and Protection of Privacy Act, personal information is for use in confidential files)