

East Missouri Action Agency, Inc.

Head Start

403 Parkway Dr.

Park Hills, MO 63601

CONSENT FOR RELEASE OF INFORMATION WITH SCHOOL

Child's _____ Birth date _____

I, _____ (parent or legal guardian), give **East Missouri Action Agency, Inc. Head Start** permission to **obtain** from or **give** to the school listed below, information related to my child's evaluation or programming which, in the judgment of the professionals involved, may be of value in the provision of service for my child. *Such information may be exchanged for the duration of one year or until I indicate otherwise, whichever occurs first.*

Name of School

City MO

Parent, check those items that you want shared with Head Start

(You will also have a copy of all of these).

Since Head Start staff would like to, and is required to, support Individualized Education Program (IEP) goals, and since I support that desire, the information to be shared about the above named child is checked below.

- _____ **1. Notification of team meetings** so that Head Start staff can attend meetings related to the IEP process including annual reviews and to the evaluation of my child.
- _____ **2. A copy of the Parental Consent for Initial Evaluation** as documentation in Head Start files of follow-up
- _____ **3. A copy of the IEP** so that staff is familiar with my child's IEP goals can support these goals in the regular classroom.
- _____ **4. Ongoing communication**, both written and verbal, regarding progress on IEP goals.
- _____ **5. Other:** _____

Signature of parent/guardian

Date

Address

City

Phone

I have explained to the above person the release and disclosures which might reasonably be anticipated.

Signature of EMAA Head Start staff

Date