



**Chances
And
Services for
Youth**

CONSULTATION RELEASE FORM

I, _____, give my permission for all professionals serving
Parent/guardian name

my child, _____ to discuss any related information pertaining to the child's services. I understand that the information gathered during this discussion will be shared with the parent/guardian, early childhood professionals, special education cooperative professionals or others deemed appropriate in the care of this child, if requested otherwise all information will be kept confidential. I understand that the purpose of this visit is NOT to diagnose my child of any disability or special need. Please provide in detail as much information as possible.

Parent/Guardian Signature

Date

Home Phone

Email

Best number and time to contact: Home Other 8am – 12pm 1-5pm

Child Care: Name, Teacher, and Phone

Preschool: Name, Teacher, and Phone

Other: Name, Teacher, and Phone (If child is in additional care or school settings. If more space is needed, please use the back.)

Child's date of birth _____ Does your child receive therapies? YES NO
Please include therapist's names, specialties, and contact number if you provide permission to contact:

Does your child have a diagnosis? YES NO
Please disclose this information, if you choose.

Does your child have an IEP or IFSP? YES NO
Is there a complete and current copy at your child care? YES NO

Has your child been in child care before? Please describe that experience if yes.

Family Information

Please complete additional information regarding your child to better serve and support your child and family.

What is your child's birth order (only child, first child, middle child, etc.):

Has the child missed any developmental milestones? If so, please explain:

Has the child experienced trauma (physical/sexual/emotional abuse, neglect, premature birth, invasive medical treatment, parent/guardian separation or abandonment, accident, natural disaster, violence, animal attack)?

Please provide as much information as possible, if you feel comfortable.

Have there been any recent major changes at home (ex: new sibling, divorce, medical condition, parent lost job)? Please explain:

Describe the child's routines at home (for example: home at 6:00, dinner at 7:30 with family, bath time at 8:00, book and bed 8:30.) Are the child's daily routines consistent and predictable for the child?

Explain the child's sleeping pattern (at child care and at home). Please also include how the child's bed time routine happens at home:

Does the child eat when he/she is hungry? Please describe how your family has meals at home:

How does the child self-regulate (calm self when upset/frustrated/nervous/angry) at home? How does the child do this?

Please describe how you discipline your child:

About how long does it take the child to self-regulate? (Example: 5 minutes from meltdown to calm)

Is the self regulation consistent each time (same method, same time frame)?

How does your child express his/her intense emotions at home?

Explain who is involved in the child's life outside of child care (guardians, siblings, grandparents etc)?

Who is the main caregiver outside of child care?

Who does the child spend the most time with outside of child care?

What family supports are in place (extended family, social service agency etc.)?

How does the child spend most of their time at home (activities, routines, etc)?

Please describe any positive relationships that the child has with other children.

Do you, as the expert of this child, have an interpretation of the concerns expressed (an idea of WHY the child may exhibiting these behaviors?)

How long has the behavior been happening? How often does it happen?

Do you have any suggestions that the child care giver might be able to implement?

What are your child's strengths? (Please provide in detail).

What is unique about your child? (Please provide in detail).

Is there anything that really concerns you about your child??

Are you willing to meet with your child's caregiver, and Inclusion Specialist to have further conversations?