



Early Childhood Endowment

Project Name: _____

Authorization for Sharing Information

Child (ren) Served: First & Last Name	Date of Birth
	/ /
	/ /
	/ /
Mother's/Guardian First & Last Name	Father's/Guardian First & Last Name

I (we) hereby grant permission for the Early Childhood Endowment project to:

- Exchange information related to the above child (ren) and family with the program evaluation staff at the Munroe-Meyer Institute (MMI) and
- Allow MMI staff to complete child and family assessments as part of the evaluation of the program. If you decline to be videotaped or photographed please cross out that item(s).

- ✓ **Child Assessments**
- MacArthur-Bates CDI
 - Peabody Picture Vocabulary Test, 4th Ed
 - Devereaux Early Childhood Assessment

- ✓ **Videotaping of family and child playing together (Home Visit Programs)**

- ✓ **Family Surveys**
- Home Inventory
 - Health Survey

- ✓ **Pictures of my child for use in evaluation publications**

- ✓ **Family Information**
- Indication if my child qualifies for free or reduced lunch

I hereby grant permission for _____ (project name) to exchange information with Munroe-Meyer Institute regarding my child's data and family survey information during the course of my child's participation in the Early Childhood Project.

Parent/Guardian Signature	Date	Witness	Date
Relationship to child		Staff position of witness	

For parents age 18 or younger, please have their parent or guardian sign below to permit the teen parent to participate in the evaluation of the Early Childhood Project.

Teen's Parent/Guardian Signature	Date	Witness	Date
Relationship to teen		Staff position of witness	