



Authorization for Sharing Information

Project Name: _____

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

The Early Childhood Endowment Project collects the following information.
 (If you decline to be videotaped or photographed please cross out that item(s).)

- ✓ **Child Assessments**
 - Developmental Assessment of Young Children, 2nd Ed. (DAYC-2)
 - MacArthur-Bates CDI (Spanish)
 - Peabody Picture Vocabulary Test, 4th Ed
 - Devereux Early Childhood Assessment
- ✓ **Family Surveys**
 - FRIENDS Protective Factors Survey (FPS)
 - Spring Family Interview
- ✓ **Family Information**
 - Indication if my child qualifies for free or reduced lunch
- ✓ **Keys to Interactive Parenting Scale (KIPS) Videotaping of family and child playing together.**
- ✓ **Pictures of my child for use in evaluation publications**

I hereby grant permission for _____ (project name) to exchange information with Munroe-Meyer Institute and the Sixpence Technical Assistance Specialists 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	

If the mother received prenatal Sixpence services, the Sixpence provider completes the Prenatal Health Indicators on the next page



PRENATAL Health Indicators for Sixpence Projects

Mother's Name: _____

Baby's Name: _____

Program _____

Date: _____

If the mother received prenatal Sixpence services, the Sixpence provider completes this survey once the child is born and the parent has signed the Authorization for Sharing Information. Send prenatal survey to MMI with the Authorization for Sharing Information form.

Check the correct answer to each indicator.

Prenatal/Perinatal Indicators		
Indicators	YES	NO
Baby was 37+ weeks and greater than 5.5 lbs at birth.		
Mother received consistent prenatal care.		
Mother abstained from smoking.		
Mother abstained from alcohol.		
Mother abstained from illicit drugs.		
Breast feeding was initiated.		



Autorización para Compartir Información

Nombre del Proyecto: _____

Nombre y apellido de los niños que reciben servicios:	Fecha de nacimiento:
	/ /
	/ /
	/ /
Nombre y apellido de la madre o tutor:	Nombre y apellido del padre o tutor:

El Proyecto Early Childhood Endowment recolecta la siguiente información.
 (Si usted no desea ser grabado en video o fotografiado, por favor tache ese enunciado)

✓	Evaluaciones para los niños <ul style="list-style-type: none"> • Developmental Assessment of Young Children, 2nd Ed. (DAYC-2) • MacArthur-Bates CDI • Peabody Picture Vocabulary Test, 4th Ed • Devereux Early Childhood Assessment 	✓	Información de la familia Indicación de si mi hijo(a) reúne los requisitos para recibir almuerzo gratuito o a precio reducido
✓	Un vídeo grabado de la familia y el niño jugando juntos (Programa de Visitas a Casa)	✓	Fotos del niño(a) para su uso en publicaciones de evaluación
✓	Encuestas para la familia <ul style="list-style-type: none"> • FRIENDS Protective Factors Survey • Encuesta de salud 		

Por la presente autorizo a _____ (nombre del proyecto) a intercambiar información con el Instituto Munroe-Meyer y Sixpence Technical Assistance Specialists relacionada con mi hijo(a), así como la información de la encuesta de la familia durante el curso de la participación de mi hijo(a) en el Proyecto de la Primera Infancia.

Firma del Padre o Tutor	Fecha	Testigo	Fecha
Su relación con el niño(a)		Posición del personal testigo	

Para padres de 18 años de edad o menores, favor de pedir a sus padres o tutores que firmen la parte de abajo para autorizar al padre adolescente participar en la evaluación de Sixpence.

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

If the mother received prenatal Sixpence services, the Sixpence provider completes the Prenatal Health Indicators on the previous page.

