



Consent to Exchange Information

Child's Name: _____

Center/Program: Children's Aid Society

Reason for Consent: Funding Information Medical School/Daycare Center Other

I hereby give my consent for Children's Aid Society to exchange information with:

Name/Agency

I understand that this information will be used for purposes of program planning and obtaining information regarding child care funding.

Parents (guardian) signature _____ Date _____

PARENTS: This exchange of information is limited to the person or Agency named above until the family withdraws from services at Children's Aid Society. We hold information strictly confidential by this agency. Please understand that you may withdraw your consent in writing any time.

Staff person requesting consent _____ Date _____

Individualized Education Plan (IEP) & Individualized Family Service Plan (IFSP)

Children's Aid Society understands that children have unique developmental needs. We also understand that children who have IEP's in place have goals they need to reach. We would like to work together with you to help your child reach their goals while they are in our care.

As you know, our program is part of the Keystone STARS program. The Keystone STARS Performance Standards require that each learning provider request copies of IEP's and IFSP's for the children in their care. If your child has an IEP or IFSP and you would like our program to use them to help your child reach their goals, please submit a copy of it in an envelope to the office. If you choose to not submit your child's IEP/IFSP, please sign off that we have requested a copy.

Please complete the following information:

Child's Name _____ Age _____ Grade _____

- I am providing a copy of my child's IEP or IFSP
- I am not providing a copy of my child's IEP or IFSP
- My child does not have an IEP or IFSP at this time

Parent Signature _____ Date _____

Printed Name _____