

***A STEP AHEAD in Pierce County***

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birthdate

**RELEASE OF INFORMATION**

Consent is given for the mutual exchange of information between *A Step Ahead in Pierce County* and agencies and/or individuals, listed below, which may have or need information concerning this child for the purposes of assessment, program planning and coordination of services.

Phone #

Family Resource Coordinator \_\_\_\_\_

School District \_\_\_\_\_ N/A \_\_\_\_\_

Physicians \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapists/Therapy Clinics \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Childcare Provider \_\_\_\_\_

Foster Parent \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**PERMISSION FOR ASSESSMENT**

I give my permission for this child to be evaluated and/or assessed by *A Step Ahead in Pierce County* to determine initial and/or continuing eligibility for services. I understand that this information will also be used to identify the child's strengths and needs in order to provide appropriate educational services and programming.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*