

Washita Valley CAC Head Start

Consents for Screening

Child's Name _____ Date of Birth _____

Brigance Preschool Screen II _____

The Brigance Preschool Screen II is used to assess children from birth through first grade. The screen reflects a view of the child's growth and learning. The purpose of this screening is to gather a broad sampling of a child's skills and behaviors. WVCAC teachers administer this screen within 30 days of the child's entry into the program.

Social Emotional _____

A social emotional/ self help screen is given within the first 30 days of entry into the program. This screen gives the staff an idea where the child is developmentally. The screen covers areas such as dressing and undressing, eating, toileting, and getting along with others.

Speech Screen _____

A generalized screening conducted by a speech pathologist at the public school or with a private agency that is used to help staff and parents recognize when there may be a need for further evaluations and/or services.

Vision and Hearing Screen _____

Vision and Hearing screens are conducted within 45 days of the child's entry into the program. These screening are conducted by trained Head Start staff using an audiometer for hearing and Good-Lite vision screen for vision. The purpose of the screens is to help recognize problems that may need further testing.

Dental Screening _____

A dental Screening is conducted within 45 days. This does not count for the dental visit that is needed. The dental screening lets staff and parents be aware of any needed dental visits.

Height and Weight _____

Each child is measured 2 times a year by teaching staff. The results are graphed to determine the child's height and weight percentile.

Creative Curriculum Assessment _____

The Teaching Strategies Gold is on-going. It shows the developmental steps children ages 0-5 go through for each 38 goals and objectives. This enables staff to use a variety of developmentally appropriate early childhood education strategies to promote and support children's educational process based on observations and ongoing assessment to prepare them for public school.

Concerns about your child's health and development:

- No
- Yes _____

Has your child been determined eligible by Local Education Agency (LEA), Sooner Start or a Private Agency to receive special education and/or related services?

- No
- Yes (please check appropriate box)

IEP Attached

- No
- Yes

I herby give permission to Washita Valley CAC Head Start to:

- Provide daily application of toothpaste with fluoride _____
- Use child's photo (in classroom, newspaper, newsletter) _____
- Other: Specify _____

Consent for Emergency Treatment

I, the undersigned legal guardian, do hereby request and give consent to the Washita Valley Community Action Council Head Start Program Staff for said child to receive such medical, dental, and surgical treatment as may be deemed necessary and expedient by a licensed physician or dentist in case of an emergency when I cannot be reached.

Printed Name of Legal Guardian

Date

Legal Guardian Signature