



ANGLOPHONE WEST SCHOOL DISTRICT

1135 Prospect Street
Fredericton, N.B. E3B 3B9
(506) 453-5454

Consent to share contact information with Family and Early Childhood West and to receive information back from the agency concerning the Early Years Developmental Assessment (EYE-DA)

The Early Years Developmental Assessment (EYE-DA) is completed with all children who will begin Kindergarten next September. The EYE-DA assesses the **developmental strengths and areas requiring support for children before starting school**. It assesses four key areas of early childhood development: Awareness of Self and Environment, Cognitive Skills, Language and Communication, and Physical Development.

Early Childhood Services are provided by the Department of Education and Early Childhood Development (EECD). Family and Early Childhood West is part of the EECD team that provides early intervention supports. They are responsible to administer the EYE-DA evaluation and follow up if required, and collaborate with the School District to ensure a successful transition to school for your child.

The EYE-DA is being conducted by **Family and Early Childhood West** on behalf of the Department of Education and Early Childhood Development. They will set a time with you to do the evaluation, provide you with the results, provide you with information about your child's developmental strengths, areas of need, and activities to support a positive transition to school. They will follow up with you as needed.

The EYE-DA is a **'snap-shot'** of a child's skills at a particular time. With any assessment, children's scores can vary depending on how they react or how they feel on a particular day. The EYE-DA takes approximately 45 minutes per child. Colourful pictures and physical activities make it fun for children. The EYE-DA results are used to offer parents suggestions for programs and activities that they can participate in with their child prior to the start of Kindergarten.

Part A of this consent form gives permission for **Anglophone School District West, (ASD-W)**, to give your contact information to **Family and Early Childhood West** so that they may schedule a time for the assessment.

Part B of this consent form gives permission for **Family and Early Childhood West** to share the EYE-DA assessment information and progress reports on any interventions that may have been offered to your child with your child's school, Anglophone School District West (ASD-W), and the EECD Early Childhood Services Director for your area. It also allows them to consult and share information concerning your child with ASD-W employees. This information may be used by the school and District to plan for the school year as well as to identify additional resources required to ensure a smooth transition to school for your child. If you have any questions or would like clarification, please call:

Family and Early Childhood West: 1-855-454-3762.

Please keep this page for your information and give the signed second page to the school.

Part A **Permission for Anglophone West School District to Share Information**

I, (Name) _____,

(Relationship to the Child) _____, give permission for the Anglophone West

School District to provide the following information: **name and date of birth of the child, name(s) of the child's parent(s)/guardians, home address and phone number(s)** to Family & Early Childhood West.

The information will permit **Family & Early Childhood West** to contact me concerning an EYE-DA Assessment and follow-up for my child who will enter Kindergarten in September.

Signature of Parent/Guardian: _____

Part B **Permission for Family & Early Childhood West to Share Information**

As parent or guardian of (Child's Name) _____,

I, (Name) _____ give permission for

Family and Early Childhood West to share the **EYE-DA assessment information and progress reports on any interventions that may have been offered to my child with:**

My child's school, Anglophone School District West (ASD-W), and the EECD Early Childhood Services Director for the area.

It also allows Family and Early Childhood West to consult and share information concerning my child with ASD-W employees.

This information may be used by the school and District in planning for the school year as well as identifying additional resources, required to ensure a smooth transition to school for my child.

Signature of Parent/Guardian: _____



Family and Early Childhood West

1-855 (4KidsNB) 454-3762

Consent to Release and Receive Information

Date: _____

Child's Name: _____ M F

Date of Birth: _____
(Day) (Month) (Year)

Address: _____
(Please use mailing address and include postal code)

Telephone: (Home) _____ (Other) _____ Email: _____

Mother/Legal Guardian: _____

Father/Legal Guardian: _____

The EYE-DA is administered in English.

Please contact us prior to the assessment at 1-855-454-3762, if your child is unable to complete the assessment in English. Please indicate your child's first language.

French Other (indicate) _____

By signing this form, I, _____, the parent/guardian of _____, give **Family and Early Childhood West** permission to assess my child using the pre-kindergarten assessment tool, the **EYE-DA**, contact me with the results and release the results to the school my child will be attending and to the Department of Education and Early Childhood.

Name of School: _____

Signatures:

Parents or Legal Guardians