



ASD-W

Anglophone School District West

Consent to share contact information with Family and Early Childhood West and to receive information 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.

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.

This consent form also 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) Education Support Services team, and the EECD Early Childhood Services team for your area. 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.

Consent to Release Information

Child's Name	
Date of Birth (Day-Month-Year)	
Gender	
Parent/ Guardian Name(s)	
Home Mailing Address (Include Postal Code) The EYEDA results will be sent to this address	
Telephone number to contact you for an appointment for the EYE-DA	Home: Mobile: Other:
Email (Please print in UPPERCASE letters)	
Language(s) spoken at home	
Does your child speak and understand English?	
Are there any additional services your child receives?	☐ Children's Rehab Team (Woodbridge, URV Hospital) ☐ VIVA (Autism Services) ☐ Speech Language or Talk with Me ☐ Other
Does your child attend preschool/daycare?	
School child will be attending	

I, _____, (Parent/Guardian) of _____, (child's name) give ASD-W permission to:

☐ Give contact information to Family and Early Childhood West.

I also give Family and Early Childhood West permission to:

☐ Assess my child using the Early Years Evaluation: Direct Assessment, the EYE-DA and send the results to the address provided.

☐ Share the EYE-DA assessment information, progress reports on any interventions that may have been offered to my child, and contact information with their school personnel, Anglophone School District West Education Support Services team, and the Early Childhood Services team.

☐ Obtain from Anglophone West School District 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 and Early Childhood West to contact me concerning an EYE-DA Assessment and follow-up for my child who will enter Kindergarten in September ____.

Parent's signature: _____ Date: _____