

I give permission for my child to participate in the Seattle Preschool Program.

Preschool Screening and Assessment Consent

As a participant in the Seattle Preschool Program, I acknowledge that my child will receive health (weight, height, vision, and hearing) and developmental (Ages and Stages Questionnaire) screenings. The results of these screenings will be shared with me if my child's results on any screening indicate that additional monitoring or actions are advisable.

Additionally, I acknowledge that as a participant in the Seattle Preschool Program, my child's physical and cognitive development will be assessed to inform classroom and programmatic progress. My child's preschool provider will provide additional information about specific assessment activities designed to measure program effectiveness throughout the school year and that I am responsible for reading and responding to all forms sent home by the deadlines provided.

I understand that the City intends to use the information gathered through the screenings and assessments to assess program effectiveness.

Seattle Public Schools ID Consent

I understand that Seattle Public Schools will assign a student identification number for my child. The City will share the following information about my child with Seattle Public Schools via secure file transfer to obtain a student identification number from Seattle Public Schools: first name, last name, date of birth, race, ethnicity, grade level, gender, home address, and mailing address. This student identification number will aid in program evaluation. The identification number will also be used by the City to support planning and transitions to Seattle Public School programs and to monitor SPP participants' progress through the Washington State public education system.

Partner Agency Collaboration Consent

The City of Seattle ("the City") will have access to personally identifiable information about my child and family and will only share identifiable information when necessary for service delivery, program evaluation, or as explicated on this form. I consent to the City and my child's SPP site (preschool provider identified on the first page) disclosing personally identifiable information from my child's records, including student identification number and information collected through health, developmental, and academic assessments, to the following: (1) Washington State Department of Early Learning ("the State"), Public Health Seattle-King County ("PHSKC") as needed for service delivery and program evaluation; (2) non-governmental research firms contracted by the City, State, and PHSKC as needed for service delivery and program evaluation; and (3) Seattle Public Schools as needed to assess program effectiveness as my child progresses through the Washington State public education system.

Program Reporting Acknowledgement

Additionally, the City may share program information, but not personally identifiable information, with the general public as appropriate to report program progress and effectiveness. Program information will also be shared with organizations conducting studies to develop, validate, or administer predictive tests, administer student aid programs, or improve instruction.

By signing below, I certify that I have read this consent form or have had it read/explained to me. By signing below I consent to the City and my child's SPP provider collecting and sharing information in my child's SPP records for the purposes described in this form. I certify that the information I have provided on this enrollment form is correct. I understand that I have access rights to all of my child's records referenced herein.

Print Name of Parent or Guardian (required)

Relationship to Child (required)

Signature of Parent or Guardian (required)

Date (required)

(If applicable) This application was completed with the assistance of:

Name of Person Providing Assistance

Contact Information

The City may contact you if clarifications are needed regarding this application.

**Parent/Guardian Initials
(optional)**

I am giving permission for my child:

To be photographed or video-taped for educational purposes and advertising Seattle Preschool Program or the Seattle Early Education Collaborative through various mediums e.g. internet, flyers, brochures.

Additional information may be required by the preschool provider to which my child has been assigned.