

## tiny-k Early Intervention

### PERMISSION TO SCREEN OR EVALUATE

I give permission for \_\_\_\_\_ to take part in the tiny-k Early Intervention Screening or Evaluation procedures.

I **DO** or **DO NOT** (circle one) give permission for the tiny-k Early Intervention to share the results of *screening* with my child's primary care physician.

I understand this screening or evaluation will include formal activities and observations that will give information about my child's development in some or all of the following areas:

- Thinking & Learning (cognitive)
- Understanding & Communicating (speech-language)
- Getting along with others (psycho-social)
- Doing things for him/her self (self-help)
- Physical, including:
  - Moving (gross motor)
  - Reaching and holding toys (fine motor)
  - Health (including nutrition)
  - Vision
  - Hearing

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(relationship to child): \_\_\_\_\_

tiny-k Early Intervention Member: \_\_\_\_\_