



Special Education Services  
46 North Jackson Street  
Sandusky, Michigan 48471  
810-648-2200

## ***Permission for Early Childhood Baseline Data Collection***

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

The ISD Early Childhood Baseline Data Collection Process helps to make sure eligible children get the services they need to grow and develop. To find out whether your child qualifies for these services, a developmental Baseline Data Collection is done.

During the data collection, information about your child's strengths, needs, health and development will be requested. You, your child's doctor, and others who know about your child's growth and development may be asked to give this information, **but only with your permission.** You will also be asked to give some general information about your family, including your resources, concerns and priorities as they relate to your child. *If you do not wish to talk about your family, you can still receive services for your child if he or she qualifies.*

The information that is gathered becomes part of your child's confidential record. Basic information about your child will be put on a computerized list of children receiving services through the ISD.

**Please put a check in the box beside each statement that applies:**

- ☐ The Early Childhood Developmental Baseline Data Collection Process had been explained to me.
- ☐ I consent to the Baseline Data Collection of my child's skills in: thinking, seeing, hearing, moving, communicating, relating to others/self, taking care of basic needs.
- ☐ I consent to a personal interview about my family's resources, concerns and priorities related to my child. I understand I only have to give information I am comfortable sharing.
- ☐ I consent to share evaluations already done.

***OR***

- ☐ I do not wish to participate in the ISD's Early Childhood Baseline Data Collection Process at this time. I understand that this means that my child and family will not be assessed or evaluated.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ISD Staff

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date