

**The Florida Center for
Child & Family Development**

*Community Outreach Department
4620 17th Street, Sarasota, FL 34235 (main office)
Tel: (941) 371-8820 x1901 Fax (941) 426-0324*

Please mail or fax to:

Attn: Traci Knight
The Florida Center for Child
and Family Development
6929 Outreach Way
North Port, FL 34286
Fax: 941-426-0324

Child Care Support Program

Screening Consent and Referral Information

The Florida Center for Child and Family Development offers an onsite developmental screening for children under the age of six years. This is a free service to the community and will be provided at your child's child care center. The purpose of this screening is to determine whether your child's development corresponds to what is typically expected for a child at his or her age. Areas that can be screened include: speech-language skills, fine motor skills (i.e., feeding, cutting, writing), gross motor skills (i.e., walking, running, posture, balance). The screening process involves a licensed professional who observes your child as he or she participates in daily activities and interacts with teachers and peers. The screening also involves the professional interacting with your child using various play-type activities in a routine manner. If you are interested in a screening for your child, please complete the form below. If a more complete assessment is indicated, a referral will be recommended.

Referral Information

Date of Referral _____

Child's Name

Date of Birth

Name of Child Care Provider & Director: _____

Child Care Address, City, Zip: _____ Phone: _____

Teacher's name: _____

Is your child receiving support for/from any of the following? (please initial)

_____ Speech Therapy
if yes, name of agency: _____

_____ Healthy Families participant

_____ Occupational Therapy
if yes, name of agency: _____

_____ Children and Family Services
if yes, name of Case Manager _____

_____ Physical Therapy
if yes, name of agency: _____

_____ Mental Health Therapy
if yes, name of agency: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____ City, St, Zip _____

Telephone # Home: _____ Work: _____ Cell: _____

Reason for Screening Request: _____

Consent & Release

I, _____, the parent/guardian of _____, hereby authorize The Florida Center for Child & Family Development to perform a developmental screening on my child at his/her child care center. I understand that I will be notified of the results, which are confidential. **My initials** below give permission for the Florida Center for Child & Family Development to release a copy of the screening results to the child care director/teacher and if referred to FDLRS (School Board) or Early Steps.

Parent/Guardian Signature

Date

Parent/Guardian Initials