



Great Start Interagency Request for Information (Non-Health)

Child Information

Child's Legal Name: _____ DOB: _____

Parent's/Guardian's Name: _____

Purpose

The purpose of this request is to collect information necessary to determine your child's eligibility for *Great Start*, and to plan and provide services as determined through the multidisciplinary team process.

Agency(ies)/Person(s) Authorized to Share Information with *Great Start*

Info to Share (Code)	Initial	Agency/Person		Info to Share (Code)	Initial	Agency/Person
		Shiawassee County Department of Human Services				Shiawassee Head Start
		Shiawassee Regional Education Service District				Other (specify)
		Local School District (specify)				<i>Great Start</i> Database

Information Codes

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| <ol style="list-style-type: none"> 1. <u>Educational Records</u> (including IEP/IFSP's from LEA's and ISD/RESD's). 2. <u>Progress Reports</u> 3. <u>Discharge Summaries</u> 4. <u>Psychological Reports</u> 5. <u>Social/Developmental History</u> 6. <u>Staffing Reports/Provider Notes</u> 7. <u>Speech/Language/Communication Reports</u> 8. <u>Developmental Evaluations and Assessments</u> | <ol style="list-style-type: none"> 9. <u>Gross/Fine Motor Reports</u>, includes subsets <ul style="list-style-type: none"> 9 (A) Occupational Therapy Reports 9 (B) Physical Therapy Reports 10. <u>IFSP Service Plan</u> (parent-signed Initial and subsequent signed IFSP's). 11. <u>Medicaid Number</u> (This will also be used to access information associated with the number that is needed to ensure diagnosis, treatment, and payment of services). 12. <u>Other (Specify)</u> 13. <u>All Information</u> |
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Authorization

My signature below means I understand that:

- ✓ My authorization to allow the sharing of information about my child is voluntary and expires upon exit from *Great Start* or my child's third birthday.
- ✓ Information received under this authorization becomes part of the child's educational record, and is protected by Family Educational Rights and Privacy (FERPA).
- ✓ Information may be re-disclosed by *Great Start* as part of the educational record protected by FERPA.
- ✓ Refusal to sign this authorization will not affect my ability to obtain *Great Start* services.
- ✓ I may revoke or cancel consent at any time, without penalty, by notifying *Great Start* in writing. Information that has already been shared based on this authorization cannot be taken back.

I have read and understand this authorization form (or it has been read to me in a language I understand) and:

I authorize the above listed agency(s)/person(s) to engage in verbal, written, and/or electronic communication in order to share specified records and information.

OR

I do not wish to have any information shared at this time.

Signature of Parent/Guardian:	Relationship to Child:	Date:
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