

Family Information/History

Child's Name:		Gender: M / F	Today's Date:
DOB:		Premature: Y / N	Adjusted Age:
In Attendance Today:			Preferred Language:
Custody Status:	School:	Primary Phone #:	
Reason for Referral/Main Concern(s):			

Natural Parents: Married Divorced Separated Living Together Single

Natural Father's Name:	Father's Occupation:
Address:	
Father's Family Health:	
Father's Schedule/Availability:	
Father's Email:	Father's Phone #:
Natural Mother's Name:	Mother's Occupation:
Address:	
Mother's Family Health:	
Mother's Schedule/Availability:	
Mother's Email:	Mother's Phone #:

Child's Last Name _____

Guardian: Foster Adoptive Parents Grandparents Other: _____

Guardian Name:	Occupation:
Email:	Phone #:
Guardian's Schedule/Availability:	
Guardian Name:	Occupation:
Guardian's Schedule/Availability:	
Email:	Phone #:
Other Household Members and/or Family Supports (People that are important to my child/family.):	

Birth History:

Prenatal Care: Y / N	Substance Use: Y / N	Birth Weight:	Delivery:
Length of Hospital Stay:			
Prenatal or Birth Complications:			
Sent Home with Medical Support:			
Vision:		Hearing:	
Immunizations:			
Physicians/Current and Former:			
Any Hospitalizations:			

Child's Last Name _____

Illnesses/Medical Concerns/Medications:

Current Health and Development:

Services and Concerns:

Services Currently in Place (WIC, Medicaid, Insurance, Childcare etc.):

Activities in Place/Desired (IFSP/IEP, Therapies etc.):

Main Priorities/Concerns:

Additional Notes:

Parent/Guardian Signature:

Print:

Sign:

Date:

Child's Last Name _____

Authorization for Exchange of Information

Child's Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

In compliance with HIPAA and FERPA, I hereby grant permission for LeAn Shelton-Developmental Coach/Advocate to request and review my child's records and speak to any member of the WCSD, CCSD, LCSD, DCSD, CCSD on my child's behalf.

Name of Provider or Facility

Address City, State, Zip Code

Phone #/Fax # (Include area code)

Reason for Request: _____ Medical _____ Insurance _____ Medicaid _____ Attorney _____ Personal
Other: (specify) _____

SPECIFIC INFORMATION AUTHORIZED: (select one or more as appropriate/each item of information to be released must be initialed)

___ Assessments	___ Progress Notes	___ Laboratory Test Results
___ Diagnostic Impression	___ Discharge Summary	___ Treatment Plans
___ Individualized Family Service Plan(s)	___ Intake Evaluation	___ Growth Chart
___ Physician Newborn Records	___ Lab/X-rays	___ Consultation Reports
___ History & Physical Exams	___ Psychiatric Evaluations	___ Developmental Records
___ Legal Records	___ Other: _____	_____ (please describe)

Disclosure: I authorize the periodic use/disclosure of the information described above to the person/provider/organization/facility/program(s) identified as often as necessary to fulfill the purpose identified in this document.

My authorization will expire:

___ When I am no longer receiving services from **Envisage Consulting Group**
___ One year from the date signed, unless otherwise specified
___ Other: _____

I understand that:

- I understand that I may request a copy of any/all medical records.
- I may request and obtain a copy of early intervention privacy policy.
- I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain services.
- I may cancel this authorization at any time by submitting a written request to the **Envisage Consulting Group** except where a disclosure has already been made in reliance on my prior authorization.
- If the authorized information is protected by the Family Educational Rights and Privacy Act (34 CFR, Part 99), it may not be disclosed without my written consent unless otherwise provided for in the regulations.
- If the medical record information is not sent to another care provider, there may be a charge of the requested records.
- A photocopy or fax of this form is as valid as the original.
- The policy of Envisage Consulting Group is to release only that information, which, in the judgment of the staff, is considered essential to the purposes for which the authorization is requested.
- I understand that information used or disclosed pursuant to this authorization may be redisclosed by the recipient and may no longer be protected by federal or state law.
- I release my service provider **Envisage Consulting Group** from any liability arising from the release of information to the person/entity designated above.

Signature of Parent/ Guardian/ Custodian: _____ Date: _____

Parent Legal Guardian Custodian:

Signature of Witness Date

*Verification of authority may be requested

Infectious Disease/ Covid 19 Health Policy

Our priority at **Envisage Consulting Group** is to ensure the safety of the children and families every day, but we will not be successful without your help. **Envisage Consulting Group** is following all communicable disease guidelines set forth by Child Care Licensing and the CDC. We understand that we must work together to keep your children safe.

As the risk in our area for Covid 19 persists, we are asking each family to acknowledge and agree to the following procedures.

Child's Name: _____ DOB: _____

I, _____, _____
Parent/ Guardian Relationship to children listed above

Agree to be aware of my child(ren)'s health. If my child(ren) or any person within my household show any of the following symptoms, I agree to keep them home.

- Fever over 100.4
- New cough of any kind
- Shortness of breath
- Lethargic, overly tired, unusually calm or quiet
- Mild respiratory illness/ issues

I agree to only have my child(ren) in attendance if they are symptom free. If my child(ren) or anyone living within my household has any of these symptoms, I understand that they will not be allowed to attend **Envisage Consulting Group** until they are cleared by a doctor. I agree to notify management of any conditions or changes in my child's health status. I agree to inform **Envisage Consulting Group** if my child tests positive for Covid 19 so that I can take necessary mandated steps. **Envisage Consulting Group** agrees to keep your child's identity confidential. I agree to indemnify and hold **Envisage Consulting Group** harmless against any damages, loss and claims that occur due to my child's attendance during scheduled services that have been agreed upon by both parties.

I certify and acknowledge that I have read and understand the Covid 19 Health Policy agree to the terms listed above.

Signature: _____ Date: _____

Print Name: _____ Date: _____

Relationship to child(ren): _____

Envisage consulting group CAN/CANNOT take off their masks when working with my child. (Circle one)

Signature: _____

Print Name: _____

Photo/ Video Release

Photographs and videos are taken on occasion with each child. I understand my child's picture may be posted on social media, used for promotional or advertising purposes, and used for training and educational purposes. I release Envisage Consulting Group from any liability or compensation for use of my child's photos. I understand that I will not be compensated for the use of my child's photos. I understand that these photographs and/or videos will not be sold or distributed but could be used for training other professionals in the field of Early Childhood Education by Envisage Consulting Group.

Parent/ Guardian signature: _____ Date: _____

Envisage Representative: _____ Date: _____

HIPAA/FERPA Confidentiality Agreement

I, _____ understand that Envisage Consulting Group follows all confidentiality and privacy guidelines outlined in HIPAA and FERPA.

Envisage Consulting Group must not disclose any personally identifiable or medical information at its collection, storage, disclosure, and destruction. Envisage Consulting Group may share confidential information within partner colleagues for aiding in its unofficial duties if the confidentiality of the information is otherwise maintained. Parents must be informed when personally identifiable or medical information is no longer needed and destroy information at the request of the parent after retention schedule of 6 years is met. Envisage Consulting Group will be required to disclose confidential information when requested by the parents.

All confidential information will be contained in a locked storage cabinet in LeAn Shelton's private office. No information, personally identifiable or medical, will be disclosed to a third party without parental consent.

I would like to request a copy of Envisage Consulting Group's HIPAA and FERPA policies and procedures.

I do not require a copy of the HIPAA and FERPA policies and procedures currently.

Parent Signature

Date

Child Name

Envisage Representative

Date

FERPA

The **Family Educational Rights and Privacy Act (FERPA)** is a federal law enacted in 1974 that protects the privacy of **student education records**.

The Act serves two primary purposes:

1. Gives parents or eligible students more control of their educational records
2. Prohibits educational institutions from disclosing “personally identifiable information in education records” without written consent



Who must comply?



- **Any public or private school:**
 - Elementary
 - Secondary
 - Post-secondary
- **Any state or local education agency**
Any of the above must receive funds under an applicable program of the US Department of Education

Protected information



Student Education Record:

Records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution

Permitted disclosures¹



- School officials
- Schools to which a student is transferring
- Specified officials for audit or evaluation purposes
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for or on behalf of the school
- Accrediting organizations
- Appropriate officials in cases of health and safety emergencies
- State and local authorities, within a juvenile justice system, pursuant to specific state law
- To comply with a judicial order or lawfully issued subpoena

HIPAA

The **Health Insurance Portability and Accountability Act (HIPAA)** is a national standard that protects sensitive **patient health information** from being disclosed without the patient’s consent or knowledge. Via the Privacy Rule, the main goal is to

- Ensure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well-being.



- Every healthcare provider who electronically transmits health information in connection with certain transactions
- Health plans
- Healthcare clearinghouses
- Business associates that act on behalf of a covered entity, including claims processing, data analysis, utilization review, and billing



Protected Health Information²:

Individually identifiable health information that is transmitted or maintained in any form or medium (electronic, oral, or paper) by a covered entity or its business associates, excluding certain educational and employment records



- To the individual
- Treatment, payment, and healthcare operations
- Uses and disclosures with opportunity to agree or object by asking the individual or giving opportunity to agree or object
- Incident to an otherwise permitted use and disclosure
- Public interest and benefit activities (e.g., public health activities, victims of abuse or neglect, decedents, research, law enforcement purposes, serious threat to health and safety)
- Limited dataset for the purposes of research, public health, or healthcare operations

1. **Permitted disclosures** mean the information can be, but is not required to be, shared without individual authorization.

2. **Protected health information** or **individually identifiable health information** includes demographic information collected from an individual and 1) is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse and 2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and
(i) That identifies the individual, or
(ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

For more information, please visit the Department of Health and Human Services’ [HIPAA website](#) and the Department of Education’s [FERPA website](#).



Sensory Issues in Preschool: Red Flags

From: Isbell, C., & Isbell, R. (2007). *Sensory integration: A practical guide for preschool teachers*. Gryphon House: Bellsville, MD.

****Please mark those that sound like your child****

Visual Avoiders may

- avoid sunlight and other bright light
- refuse to participate in activities where there are too many children involved and moving around
- get motion sickness from too much visual input
- avoid eye contact with adults or peers
- be unable to determine distances (e.g., bumps into things)
- have headaches or nausea when he/she has overused his/her eyes
- close his or her eyes to avoid balls or other objects through at him or her
- rub his or her eyes

Visual Seekers may

- stare at bright lights, flickering lights, or direct sunlight
- stare at his or her fingers as he or she moves them or at objects moving in space (e.g., ceiling fans, mobiles, flags)
- move around or shake his or her head during drawing or fine motor activities
- hold objects close to his or her face to look at them

Visual Under-Responders may

- be unaware of new objects, materials, or people in the environment
- stare at bright lights or moving objects with a faraway look in his/her eyes
- fall over or bump into new obstacles inside or out
- have difficulty catching balls or getting out of the way of moving objects or people because he/she responds to slowly

Auditory Avoiders may

- demonstrate excessive emotions (e.g., crying, screaming, anger) when he/she hears a sudden noise such as an alarm, thunder, siren, or horn
- demonstrate excessive emotions when the noise level in the room increases (e.g., during center time)
- put his/her fingers in his/her ears and yell or hum, to drown out certain sounds
- be upset by common noises such as a toilet flushing, water running, or background music
- demonstrate excessive emotions when he/she hears high-pitched sounds such as a drill, chalk squeaking, or metal clinking

Auditory Seekers may

- turn up the volume of music very loud
- talk very loudly inside the classroom
- hold musical toys or other toys that make noise directly to his/her ear to listen
- make noisy sounds such as clapping, yelling, banging objects, or singing loudly
- enjoy high-pitched noises (e.g., a drill, whistle, or bell)
- crave common noises such as that of a toilet flushing, water running, or the air condition humming

Auditory Under-Responders may

- seem unaware of typical sounds in the classroom or outside
- respond slowly or not at all to verbal requests
- pay attention only to extremely loud noises or music that is boisterous or has an unusual rhythm

Tactile Avoiders may

- respond to light or unexpected touch in a negative manner (e.g., hitting, biting) or with excessive emotions
- avoid messy activities in the classroom (e.g., painting, gluing)
- run away or hide when a tactile experience is introduced
- not like to be kissed or touched, but may initiate hugs or firm touch
- walk at the front or end of a line to avoid being touched
- be a picky eater
- be very clean and wash hands immediately after any activity
- appear stubborn and inflexible
- be excessively ticklish
- dislike going barefoot
- react with extreme emotion or anger when face is washed
- refuse to hold hands with someone else
- overreact to minor bumps, cuts, or scrapes
- complain about certain types of clothing or tags in shirts
- require that shoes be tied extra tight, or complain about socks being bunched or twisted
- try to talk his/her way out of touching or playing with textures (e.g., “my mommy told me not to get dirty)
- have difficulty establishing friendships in the classroom, because he or she stays away from other children to avoid getting touched unexpectedly or lightly
- walk on tiptoes
- refuse to wear hats or dress up clothes

Tactile Seekers may

- appear to crave touch (e.g., fingerpaints for a long time)
- loves messy experiences
- bumps into things or people
- be unable to keep his/her hands to himself/herself
- stuff his/her mouth with food
- rub textures over his/her arms or legs
- prefer spicy, hot, or very cold foods
- get very close to others when playing or talking
- rub or bite his/her own skin
- touch others constantly

Visual Avoiders may

- avoid sunlight and other bright light
- refuse to participate in activities where there are too many children involved and moving around
- get motion sickness from too much visual input
- avoid eye contact with adults or peers
- be unable to determine distances (e.g., bumps into things)
- have headaches or nausea when he/she has overused his/her eyes
- close his or her eyes to avoid balls or other objects through at him or her
- rub his or her eyes

Tactile Under-Responders may

- seem unaware of a messy or dirty face or body
- not respond to gentle touches
- lack interest in creative arts (e.g., paint, glue, clay)
- have difficulty manipulating small toys or objects
- not seem to notice cold or hot temperatures
- seem unaware of different textures (e.g., hard, soft, scratchy, soft)
- not notice that clothing is wet or dirty
- be slow with potty training
- be slow to learn how to undress/dress self

Vestibular Avoiders may

- be timid and cautious with movement experiences (a non-risk taker)
- be fearful of playground equipment such as slides, swings, jungle gyms, or monkey bars
- get carsick, even on short trips
- have poor self-esteem, because he/she will not play with others, particularly outside
- be afraid of elevators or escalators
- be fearful of heights or dislike when his/her feet are off the ground

- be afraid to climb or descend stairs (e.g., holds the railing with both hands)
- appear stubborn or uncooperative
- be unable to ride a tricycle, bicycle, or other age-appropriate riding toys
- appear manipulative, especially in cases where he or she feels a lack of control
- be clumsy or uncoordinated

Vestibular Seekers may

- take safety risks inside and outside
- not be able to sit still
- be impulsive (do things before thinking)
- run instead of walk
- be in constant motion (e.g., wiggle, fidget, rock back and forth, bounce on his/her bottom)
- push every movement experience to the extreme (e.g., attempt to swing over the top of the swing)
- not get dizzy, no matter how much he/she has been spinning around
- enjoy movement experiences more than other children

Vestibular Under-Responders may

- appear accident prone (e.g., falls or trips and does not catch himself/herself)
- be less coordinated than other preschoolers
- not notice movements or changes in movement (e.g., pushing high on a swing)
- not like new movement experiences
- tend to sit, stand, or lay around more than other preschoolers
- appears easily tired or lazy

Proprioception Avoiders may

- appear lazy or overly tired
- avoid physical activities (e.g., running, jumping, skipping, or hopping)
- be a picky eater
- prefer not to move
- dislike other people moving his/her body

Proprioception Seekers may

- enjoy crashing into walls, objects, or people
- bite fingernails or suck thumb
- demonstrate aggressive behavior such as hitting, kicking, or biting
- be unaware of other person's personal space
- request you tie his/her shoes very tightly
- stomp on his/her own feet when walking
- chew on objects, including his/her shirt, pencils, markers, toys, gum
- like to be patted very firmly or wrapped tightly in a blanket during rest time
- participate in rough-and-tumble play that is extremely forceful

Proprioception Under-Responders may

- not be aware when someone bumps into him/her
- have poor small motor skills (e.g., cutting, drawing, writing, feeding)
- be slow to learn how to undress/dress self
- be uncoordinated with large motor skills (e.g., walking, running, hopping, skipping)
- not cry when significant injury occurs
- appear disinterested in movement experiences
- breaks toys easily because he/she has difficulty manipulating objects