



Release of Information Consent

I authorize the teachers and staff of my child's GSRP program (add program name) _____ and the persons or agencies listed below to mutually share information, including educational records, reports (oral and written), and evaluations that have been generated regarding my child.

Child's Name _____ D.O.B. _____

***Parents/Guardian, please initial each entity with whom information can be shared.**

Parent/ Guardian Initials	Date	Agency
		Jackson County ISD Child Study Team (The JCISD Child Study Team may include: Community School Engagement Specialist, Teacher Consultants, School Psychologist, Speech Pathologist, Occupational Therapist, Physical Therapist, Special Education Supervisor.)
		Family Service & Children's Aid
		LifeWays
		Highfields
		Community Action Agency
		Jackson County Intermediate School District Special Education Division
		Primary Care Physician (Name and Contact Information)
		Local School District (Name of school)
		Other Family Support Agencies (DHHS, Counselors)
		Other:

_____ Date _____
 (Signature of Parent/Guardian)

- *This release is valid for one year and can be rescinded at any time by the parent or guardian.
- *The Jackson County ISD Early Childhood Team members (Early Childhood Specialists, Early Childhood Contact and Early Childhood Grant and Data Specialist) already have access to child specific information for children participating in the Great Start Readiness Program.
- *These materials were developed under a grant awarded by the Michigan Department of Education
Updated 8/29/2021



TEACHER/ADMINISTRATOR USE ONLY

Instructions For the “Release of Information Consent” Form to be followed GSRP program team:

1. This form should be shown to and discussed with all families at either the enrollment meeting or the home visit, whichever is the practice for your individual program. Explain to parents that the purpose of the form is to be able to share information with agencies, identified by the parents, in the event that the teaching team and family together decide that additional help is wanted to support the child and family. Some families may already know at the initial meeting that they want additional supports and sign the form right away. Others may choose to wait and sign the form later if it is decided upon at a later date that they would like additional resources to support school success.
2. Parents/Guardians must initial and date each box on the **Release of Information Consent** indicating an agency with whom it is acceptable to share their child’s Educational Record.
3. This form must be loaded into Child Plus under the Mental Health tab for the child/family.
4. Additional supporting documents, including the *Initial Child Study Profile*, child data, behavior reports and any other relevant information must be loaded into Child Plus under the Mental Health tab **ONE WEEK** before the scheduled Child Study date.