



AUTHORIZATION FOR MY CHILD TO RECEIVE SERVICES

Beginning on _____, the _____ (child care program) has requested services from the Lower Shore Early Intervention Program (LSEIP) on behalf of _____ (child's name). A behavior interventionist from LSEIP will be assigned to work with the child care center/family provider on a regular or as needed basis.

The LSEIP staff will assist the child care center staff or family provider in their efforts to support your child's healthy social and emotional development.

In signing this Authorization Form, I, as the parent or guardian, understand that:

- I consent to have my child observed and screened to have services rendered as needed.
- I will participate in the Individual Action Plan Agreement process to ensure the appropriate services are implemented for my child through the child care program. This includes meeting with LSEIP staff to complete necessary paperwork in the beginning and when the case is being closed.
- I may revoke my consent at any time.
- I have received a copy of the project brochure from the child care provider.

Please complete the lower half of this form. If you have questions or want some help, feel free to contact the Lower Shore Early Intervention Program staff at: 410-677-6590.

I give my authorization to have my child, _____, to participate in the supportive
Child's Name (please print)

services offered by the Lower Shore Early Intervention Program at _____.
(name of child care center)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date