



Advocacy | Education | Community

**Child's name:** \_\_\_\_\_

**Child's date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Please sign this form to allow us to connect or a conversation about your child and their needs in this exciting transition to kindergarten. We are parents who have walked in your shoes and have tools, tips, and support to share. NW Disability Support and MECP are working together on Getting Ready for Kindergarten, a collaborative effort on preparing for kindergarten transition.

NW Disability Support will contact you to have a conversation about your child's skills and needs, what you envision for their Kindergarten experience, and find out how we can support you.

NW Disability Support offers parent to parent connections, best practices resources, training, and online meeting times to create a portfolio reflecting your vision for your child and family. If you choose to be a part of the program this signed form will also be a release of information. Released information includes IFSP, requested services and support.

**Parent's/guardian's name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Child's diagnosis:** \_\_\_\_\_

**Child's school district:** \_\_\_\_\_

**Child's strengths and interests:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize MECP and NW Disability Support to interchange information regarding the above child/student. Permission is valid from the date of signature.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_