

## Parents Notification and Authorization Form Developmental Support & Coordination Services

Dear Parents of Alef Bet Montessori School,

The Alef Bet Montessori School has partnerships with a few service providers including, but not limited to the **Social Service Agency, Occupational Therapy, Psychologist, Speech and Language pathologist** and more professionals to provide developmental support and coordination services. The professionals include social worker, OT specialist, psychologist, language specialist and more. These professionals will assist the staff in their efforts to support children's healthy development and may use any of the following methods to help:

- Support school staff in conducting and maintaining routine developmental checklists for all children in the program.
- Conduct classroom observations and provide feedback to the director and teachers.
- Answer questions about child development and provide screenings for social and emotional strengths and needs.
- Conduct assessments for an individual child's areas of needs and concerns when needed.
- Provide referrals to relevant providers/services in the community.
- Coordinate communication between different service providers when applicable.
- Coordinate parent-teacher meetings in order to develop strategies and a developmental plan.
- Create a developmental plan and support school staff and parents in the implementation of the plan.

Parents will be informed and included when observations include their child specifically. Further support

- Guide teachers on the incorporation of social/emotional skills into the curriculum.
- Coach teachers on effective ways to address challenging behaviors or concerns.

might require payment, and full consent of parents for	or evaluations.
In signing this authorization form, I, as the parent or guanobserved and/or screened and to having services render	•
I give my authorization to have my child,	, to participate in the
	ild's Name)
developmental support coordination services provided b	y the professionals to Alef Bet Montessori School.
(Print Parent/Guardian Name) (Parent/Guardian Signat	ure) (Date)