



Kindergarten Transition Release of Information

I _____, hereby give my permission for the Community
(Print name of parent or guardian)
Action of Southeast Iowa Head Start Program, to exchange the following information regarding my
child, _____, with the school district where my child will
(Print name of child)
attend kindergarten next fall:

For kindergarten round-up:

- Child's name & date of birth, parent's name, address and phone number

Upon request from the district:

- Social emotional questionnaire results
- Brigance score
- ChildPlus DRDP – child assessment
- Behavior reports
- Attendance

*Documents such as a child's IEP/IFSP, mental health observation, behavioral observations, physical, dental, immunizations, etc. will need to be obtained from the agency or business who originally prepared the document. Head Start cannot make copies of these documents.

This release of information is valid for two years from the date on this form.

All the above information has been explained to me and all my questions regarding this release have been answered to my complete satisfaction.

I understand I will be responsible for registering my child for kindergarten with the school district.

Parent/Guardian's signature

Date

Address

Phone #

Staff signature

Date