

REACH DANE
AUTHORIZATION FOR SOCIAL/EMOTIONAL CONSULTATION

Program: _____

By signing below, I authorize Reach Dane’s social-emotional development consultant team member(s) to observe/consult regarding my child _____ and make recommendations to support my child’s individual development and/or classroom planning. I understand it is the responsibility of Reach Dane staff and the consultant(s) to take any necessary actions to protect the confidentiality and privacy of my child and family.

We want to offer families information and choice about this consultation.

Many times, this consultation involves an observation of your child. Would you prefer (Choose all that apply):

- In-person observation
- Virtual observation
- I want to communicate with a team member before deciding

Many times, this consultation involves a meeting to share information. Would you prefer (Choose all that apply):

- In-person meeting
- Meeting via Zoom
- Communication via email
- Other _____

Who would you like to be involved in this meeting:

- Consultant and/or Social Emotional Specialist
- Consultant and educational team
- Other _____

Please circle best days/times to contact you below:

Monday	am	pm
Tuesday	am	pm
Wednesday	am	pm
Thursday	am	pm
Friday	am	pm

Comments: _____

Best way to contact:

- Phone _____
- Text _____
- Email _____
- Other means _____

Parent/Guardian Signature Date

(Witness) Reach Dane Staff / Consultant Date

*Parent/Guardian preference for communication will be honored whenever possible

Staff- Please copy for parent/guardian

First copy: Director of MH and Wellness date rec'd: _____ Status: _____ 401- Revised 2/23