



Consent to Provide Services and Exchange Confidential Information

I, _____, as the parent/legal guardian of
(Print parent's first and last name)
(Print child's first and last name), born on _____,
Child's date of birth(mm/dd/yy)

authorize the release and/or exchange of confidential information for the purpose of coordinating inclusion services and consultation for my child.

I agree and understand the following:

- 1. In order to improve services, First 5 Contra Costa or their designated evaluators may wish to conduct a brief telephone interview...
2. Services may include virtual and/or recorded observations...
3. The types of services offered to the child care program will be based on my child's needs...
4. This completed form authorizes the disclosure of relevant information...

Parent/Guardian Signature _____ Date _____

Street _____ City _____ Zip Code _____

Phone _____ Email address _____

OFFICE USE ONLY: Date Received _____ Child ID# _____

Parent Questionnaire

For the Inclusion Team at CocoKids to serve your child we would like to know specific information. The following are questions pertaining to the child's interests, strengths, and needs. Please answer the questions to the best of your ability.

Child's name: _____ DOB: _____

1. How were you referred to CocoKids' Inclusion Program? _____
2. Did your child attend other preschool/child care programs in the past? Y N
If so, what is the name of the program? _____
3. Has your child ever been asked to leave a preschool/child care program? Y N
4. Has your child received or is currently receiving any specialized services, for example occupational therapy? Y N If so, when and what type of services? _____

5. Does your child have a history of health concerns, for example allergies, seizures? Y N Is your child presently taking any medication? Y N If so, what type of medication? _____
_____ Is the medication administered during childcare hours? Y N
6. What have you noticed about your child's reactions to touch, noise (sounds), smell, taste, vision, or movement? _____
7. Tell us about your child's daily activities; grooming, toileting, eating, sleeping and social skills. _____

8. What kind of activities or toys does your child enjoy? _____

9. Please share any concerns you may have about your child's development. _____

10. What are your expectations of the services offered by the Inclusion Program? _____

Thank you for your time to help us get to know your child better. We look forward to working with your child, early childhood educator/child care provider and your family.

Inclusion Program

(925) 676-5442

www.cocokids.org

OFFICE USE ONLY:

Date Received _____

Child ID# _____



Video/Photo Release Form

The **CocoKids** Inclusion Program requests your permission to use videos/ photographs of your child, for observation purposes *only* by the Inclusion Program. All videos or photographs received will be destroyed/deleted at the closing of the case.

We appreciate your cooperation and support of the work that we do on behalf of Contra Costa County's children. Thank you.

I give do not give (*please check one*) **CocoKids** access to images of my child, captured through videos/photographs during observations at _____(child's program), to be shared and used solely for the purpose of observations and collaboration with Inclusion Program and waive any rights of compensation or ownership thereto.

Name of Participant in Video/Photograph (please print): _____

Parent/Guardian printed name(s): _____

Parent/Guardian's signature(s): _____ Date: _____

**Inclusion Program
CocoKids
1035 Detroit Ave., Ste. 200
Concord, CA 94518**



FAMILY SURVEY Inclusion Program 2020-2021



First 5 Contra Costa would like to know about the families who participate in its programs. Please answer the questions below. The information collected from these surveys will help us provide better services to families with young children. Your individual information will not be sold or given away. Your eligibility to participate in programs will not be affected by any answers you provide to these questions. **All questions are optional.**

Thank you!

Date: _____

(Staff use only) Family ID# _____

1. What is your relationship to the child(ren) who will be participating in the service/activity?

- Mother
- Grandparent
- Foster parent / guardian
- Father
- Other family member
- Other: _____

2. With what race/ethnic group do you most identify? (Check ONE)

- African American / Black
- Hispanic / Latino
- White
- American Indian / Alaska Native
- Middle Eastern / North African
- More than one
- Asian
- Pacific Islander
- Other: _____

3. What language(s) do you speak at home? (Check all that apply)

- English
- Cantonese
- Tagalog
- Spanish
- Mandarin
- Other: _____

4. What is your zip code? 5. What is the month and year of your birth?

9 _____

Month _____ Year _____

6. How many family members live with you? 7. Have you heard of the Help Me Grow 211 phone line?

(Please include yourself) # _____

- Yes
- No
- Not sure

8. In the past week, how many days did someone read a book with your child(ren)?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- Every day

9. In the past year, but before today, have you or another family member attended or used any of these programs? (Check **all** that apply)

- Child Care Solutions at my child's child care program
- Inclusion Program at my child's child care program
- Welcome Home Baby
- Triple P class (not at a First 5 Center)
- First 5 Center (mark all those you have visited)
 - Delta (Antioch/Brentwood)
 - East County (Bay Point/Pittsburg)
 - Monument (Concord)
 - West County (Richmond/San Pablo)
- Community Engagement Regional Group (mark all that apply)
 - Central
 - East
 - West

10. What are the biggest concerns you currently have for your family? Select up to three (3) of the following:

- | | |
|--|--|
| <input type="checkbox"/> Paying rent or housing | <input type="checkbox"/> Me/my partner feeling stressed or depressed |
| <input type="checkbox"/> Unstable or inadequate housing | <input type="checkbox"/> Me/my partner feeling isolated |
| <input type="checkbox"/> Paying bills | <input type="checkbox"/> Immigration and/or naturalization concerns |
| <input type="checkbox"/> Paying for food | <input type="checkbox"/> Finding a job for me/my partner |
| <input type="checkbox"/> Paying for child care | <input type="checkbox"/> Health problem or concern |
| <input type="checkbox"/> Paying for medicine or medical expenses | <input type="checkbox"/> Safety of my community |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Development/behavior of my child | <input type="checkbox"/> None of these |

11. What is the highest level of education you have completed?

- | | |
|--|---|
| <input type="checkbox"/> Attended grammar school (up to 6 th grade) | <input type="checkbox"/> Attended a two-year college or vocational school |
| <input type="checkbox"/> Some middle or high school (no high school degree) | <input type="checkbox"/> Received a Bachelor's Degree |
| <input type="checkbox"/> High school degree or GED | <input type="checkbox"/> Received an advanced degree (Master's Degree or PhD) |
| | <input type="checkbox"/> Don't know / Prefer not to say |

12. What is your total family income? Please note: Program services are available to families regardless of income.

- | Monthly | | Annually |
|---|---|---------------------|
| <input type="checkbox"/> \$6,251 or more | = | \$75,001 or more |
| <input type="checkbox"/> \$5,001 - \$6,250 | = | \$60,001 - \$75,000 |
| <input type="checkbox"/> \$3,751 - \$5,000 | = | \$45,001 - \$60,000 |
| <input type="checkbox"/> \$2,501 - \$3,750 | = | \$30,001 - \$45,000 |
| <input type="checkbox"/> \$1,251 - \$2,500 | = | \$15,001 - \$30,000 |
| <input type="checkbox"/> \$1,250 or less | = | \$15,000 or less |
| <input type="checkbox"/> Don't know / Prefer not to say | | |

Continue to the Child Survey on the following page.

CHILD SURVEY

Please complete a Child Survey for each child under six years old participating in the program or service.

(Staff use only) Child ID# _____

CHILD 1

1. Name: _____
FIRST LAST

2. Gender Female Male _____

3. Date of Birth _____ / _____ / _____
month day year

4. What is this child's race/ethnicity? (Check **ONE**)

- African American / Black Hispanic/Latino White
 American Indian / Alaska Native Middle Eastern / North African More than one
 Asian Pacific Islander Other: _____

5. Are you concerned this child is not developing like other children of the same age?

- Yes No Don't know

6. Has this child received a developmental screening with the ASQ (Ages & Stages Questionnaire)?

- Yes No Don't know

7. Has a doctor or other professional ever told you this child has a physical or developmental delay or disability?

- Yes No Don't know

(Staff use only) Child ID# _____

CHILD 2

8. Name: _____
FIRST LAST

9. Gender Female Male _____

10. Date of Birth _____ / _____ / _____
month day year

11. What is this child's race/ethnicity? (Check **ONE**)

- African American / Black Hispanic/Latino White
 American Indian / Alaska Native Middle Eastern / North African More than one
 Asian Pacific Islander Other: _____

12. Are you concerned this child is not developing like other children of the same age?

- Yes No Don't know

13. Has this child received a developmental screening with the ASQ (Ages & Stages Questionnaire)?

- Yes No Don't know

14. Has a doctor or other professional ever told you this child has a physical or developmental delay or disability?

- Yes No Don't know

Continue to the next page for additional children.

(Staff use only) Child ID# _____

CHILD 3

15. Name: _____
FIRST

LAST

16. Gender Female Male _____

17. Date of Birth _____ / _____ / _____
month day year

18. What is this child's race/ethnicity? (Check **ONE**)

- | | | |
|--|---|--|
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Middle Eastern / North African | <input type="checkbox"/> More than one |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other: _____ |

19. Are you concerned this child is not developing like other children of the same age?

- Yes No Don't know

20. Has this child received a developmental screening with the ASQ (Ages & Stages Questionnaire)?

- Yes No Don't know

21. Has a doctor or other professional ever told you this child has a physical or developmental delay or disability?

- Yes No Don't know

(Staff use only) Child ID# _____

CHILD 4

22. Name: _____
FIRST

LAST

23. Gender Female Male _____

24. Date of Birth _____ / _____ / _____
month day year

25. What is this child's race/ethnicity? (Check **ONE**)

- | | | |
|--|---|--|
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Middle Eastern / North African | <input type="checkbox"/> More than one |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other: _____ |

26. Are you concerned this child is not developing like other children of the same age?

- Yes No Don't know

27. Has this child received a developmental screening with the ASQ (Ages & Stages Questionnaire)?

- Yes No Don't know

28. Has a doctor or other professional ever told you this child has a physical or developmental delay or disability?

- Yes No Don't know

Please request an extra survey for each additional child under six years old participating in services.

Thank you!