



Early Achievers: Parent/Guardian Consent for On-Site Evaluation

Please let us know if your child's files can be included during the evaluation visit.

- I allow my child's files to be reviewed as part of the Early Achievers evaluation as outlined above.
- I would like my child's files to be excluded during this process.

Child care facility name: _____

Child name: _____

Parent/Guardian name (printed): _____

Signature: _____ Date: _____



Optional: The UW data collection team would like to hear what you think about how we work with children and families. If you are interested in participating in an interview with the UW team, please indicate below:

Yes, I am interested and willing to be contacted by UW for an interview (Note: *not all families who check yes will be contacted*)

Please contact me by phone

Phone number _____

Best time to reach me _____

Please contact me by email so I can access a link to an online parent survey

Email address _____