

Early On® 信息请求表 (非健康)
Early On® Request for Information (Non-Health)

孩子信息 Child Information		
孩子姓名: Child's Name:	出生日期: Date of Birth:	
家长/监护人姓名: Parent's/Guardian's Name:		
用途 Purpose		
此请求表旨在收集确定您孩子的 <i>Early On</i> 资格以及规划和提供通过多学科团队流程确定的服务所需的信息。 The purpose of this request is to collect information necessary to determine your child's eligibility for <i>Early On</i> , and to plan and provide services as determined through the multidisciplinary team process.		
有权与 <i>Early On</i> 分享信息的机构/个人 Agency(ies)/Person(s) Authorized to Share Information with <i>Early On</i>		
下列机构/个人有权分享我孩子的上述特定信息。 The agency(ies)/person(s) listed below have permission to share the specific information listed about my child.		
机构/个人: Agency/Person:	与 <i>Early On</i> 分享的特定信息: Specific information to be shared with <i>Early On</i> :	
机构/个人: Agency/Person:	与 <i>Early On</i> 分享的特定信息: Specific information to be shared with <i>Early On</i> :	
授权 Authorization		
<p>下面的签名表明我知道: My signature below means I understand that:</p> <ul style="list-style-type: none"> ✓ 我允许分享孩子相关信息的授权属于自愿, 并在我孩子退出 <i>Early On</i> 或 3 岁生日时到期。 ✓ My authorization to allow the sharing of information about my child is voluntary and expires upon exit from <i>Early On</i> or my child's third birthday. ✓ 根据本授权收到的信息成为儿童教育记录的部分内容, 并受到《家庭教育权和隐私法》(FERPA) 的保护。 ✓ Information received under this authorization becomes part of the child's educational record, and is protected by Family Educational Rights and Privacy (FERPA). ✓ 作为受《家庭教育权和隐私法》(FERPA) 保护的教育记录的一部分, <i>Early On</i> 可能会重新披露该信息。 ✓ Information may be re-disclosed by <i>Early On</i> as part of the educational record protected by FERPA. ✓ 拒绝签署此授权不会影响我获得 <i>Early On</i> 服务的能力。 ✓ Refusal to sign this authorization will not affect my ability to obtain <i>Early On</i> services. ✓ 我可以随时通过书面记录通知 <i>Early On</i> 撤销或取消同意, 而无需罚款。已经基于此授权分享的信息无法收回。 ✓ I may revoke or cancel consent at any time, without penalty, by notifying <i>Early On</i> in writing. Information that has already been shared based on this authorization cannot be taken back. <p>我已经阅读并理解此授权表 (或者已经有人用我理解的语言向我阅读), 并且: I have read and understand this authorization form (or it has been read to me in a language I understand) and:</p> <p><input type="checkbox"/> 我授权上述机构/个人进行口头、书面和/或以电子方式通信, 以便分享指定的记录和信息。 <input type="checkbox"/> I authorize the above listed agency(s)/person(s) to engage in verbal, written, and/or electronic communication in order to share specified records and information.</p> <p>或 OR</p> <p><input type="checkbox"/> 我不希望此时分享任何信息。 <input type="checkbox"/> I do not wish to have any information shared at this time.</p>		
家长/监护人签名: Signature of Parent/Guardian:	与孩子的关系: Relationship to Child:	日期: Date: