

# Baby TALK

We would like to welcome you to our Birth to 3 program. We consider it a privilege that you have chosen to welcome us into your family and home. Your participation is voluntary and there is no cost. It is our hope to come alongside you and provide additional support to your family as you parent your child. Our goal is to provide age appropriate fun activities for you and your child, provide information on parenting skills and child development, conduct developmental screenings and provide family support and information about community services and resources.

Together we will

- Observe and discuss ways for you and your child to interact to strengthen your relationship
- Discuss parenting issues
- Observe and discuss your child's growth and development
- Set goals for you and your family

## What will we ask of you?

- Be present for and participate actively in all scheduled visits. If you need to cancel or reschedule, please contact your family liaison at least 24 hours in advance. If you miss more than 3 visits in a row without cancelling and rescheduling, we may have to stop services.
- Attend group connections. **All families must attend at least one group connection per year.**
- Share your observations of your child each visit and during screenings.
- Participate actively in our Book Challenge Reading Program

## Record keeping:

During your participation in the program, routine information will be collected and stored electronically and in paper format in a secure location. This includes family background information, health related information<sup>1</sup>, screening results, referrals, recommendations you and your child receive, and information about the services we provide to your family.

Videotaping visits is part of our program to monitor quality and document progress. These videos will only be viewed by your home visitor and the Program Supervisor.

Parents or legal guardians have access to their family file. If you would like to see your family file, please make this request in writing to the program supervisor Katey Baldassano at 630-473-0778. You will need to allow at least 48 hours for access and sign a statement that you were provided with your records.

## Confidentiality:

The Birth to 3 Program will not release confidential information outside of the program without your written permission with the following exceptions:

- Our program may share information without your consent in order to protect you or others from serious harm (for example, if a family member plans to harm him or herself, if a family member plans to harm another person, or if there are concerns about abuse or neglect of a child or elderly person). We are mandated reporters.
- Our program may release information if we receive a court order requesting us to do so.

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<sup>1</sup> Including information about mental health and alcohol or drug use that you may provide. However, you are not required to provide this information or discuss these matters.

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The family liaisons are not psychologists or medical professionals. We do not diagnose developmental, psychological, or medical conditions. However, we can help you connect to qualified professionals and resources that can assist in these situations.

**Questions?** You can ask your family liaison now or contact the program supervisor, Katey Baldassano, at 630-473-0778.

I \_\_\_\_\_ (parents), agree to enroll into the West Chicago School District, Birth to 3 Program. In doing so, I understand that enrollment is free and voluntary and that I can leave the program at any time by notifying my Family Liaison. I also understand that my Family Liaison will schedule visits with me and my child in my home or at another locations at least twice a month. If I will be unavailable or need to cancel a visit, I will contact my Family Liaison whenever possible.

Enrolled Children \_\_\_\_\_

Screening is a part of the program. I understand that I must give consent yearly for these screenings. I hereby authorize certified personnel of West Chicago School District 33, Birth to 3 Program, to administer a screening to my child, for the purpose of providing appropriate services.

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Printed name of enrolled participant	Date	Printed name of Family Liaison	Date
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Signature of enrolled participant	Date	Signature of Family Liaison	Date
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