

**CHANCY AND BRUCE EDUCATIONAL RESOURCES, INC.**  
**Permission Form: 2020/2021 TK- Kindergarten**

**PARENTS:**

1. Print this Permission Form and fill in the information below. *Have your child's teacher fill out the teacher/school column.* Bring the completed form along with payment to your appointment.
2. Call Chancy & Bruce to schedule screening appointment [714.841.1257, ext 3] or email: [candbappointment@aol.com](mailto:candbappointment@aol.com)  
**Screening locations AND dates:** We offer screening in the morning at MCS on January 23, February 12, and February 25, 2020. After that, screenings are at the Chancy & Bruce office in Huntington Beach. Visit [www.chancyandbruce.com](http://www.chancyandbruce.com) for more information.
3. Cost of Screening: \$50 to be paid to CHANCY AND BRUCE at time of screening.
4. Attend the Chancy Bruce Parent Workshop, "Understanding Your Child's Screening Results", March 10<sup>th</sup>, 2020 at 9:00 am, at MCS where you will be given important information regarding your child's screening.

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 Name of the school my child attends: \_\_\_\_\_ Circle days: M T W TH F AM \_\_\_ PM \_\_\_  
 Room/Teacher \_\_\_\_\_

**Chancy and Bruce Educational Resources, Inc. has my permission to administer a developmental profile with my child.**

Child's Name \_\_\_\_\_ Girl \_\_\_ Boy \_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ FAX: \_\_\_\_\_  
 Birthday \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**Please provide the following information: (if yes, please explain)**

Were there pregnancy or birth complications? \_\_\_\_\_  
 Was this child premature or post term? \_\_\_\_\_  
 Has this child had a history of chronic illnesses? \_\_\_\_\_  
 Does this child experience allergies? \_\_\_\_\_  
 Has this child had any unsettling experiences? \_\_\_\_\_  
 What is the primary language spoken in this child's home? \_\_\_\_\_

To aid us in determining your child's social-emotional level, please mark in the parent column the behaviors listed below that you have observed with your child. Your child's teacher will also be marking the behaviors she has observed your child in the classroom.

**TEACHER/SCHOOL:** After filling in your column, please return to parents for them to bring to the screening.

**DIRECTIONS:** Write **U** for **USUALLY**, **S** for **SOMETIMES**, **R** for **RARELY** on the line next to each behavior.

<b>CHILD'S BEHAVIOR</b>	<b>PARENT</b>	<b>TEACHER</b>
Shows curiosity and interest in his/her surroundings	_____	_____
Initiates own play activities	_____	_____
Works and plays cooperatively with other children	_____	_____
Talks comfortably with other children	_____	_____
Takes turns and shares	_____	_____
Participates with others in large groups	_____	_____
Shows concern for others and their property	_____	_____
Does simple tasks independently	_____	_____
Follows directions	_____	_____
Pays attention	_____	_____
Consistently completes tasks	_____	_____
Attends to task at least 10 minutes	_____	_____
Is eager to learn new tasks	_____	_____
Able to express wants and needs	_____	_____
Feels good about self	_____	_____
Accepts limits/Follows rules	_____	_____
Accepts responsibility	_____	_____
Displays feelings in appropriate ways	_____	_____
Separates from parents without reluctance	_____	_____
Speech understood by others	_____	_____

**Additional Comments: (Use Back if Needed)**

Parents: \_\_\_\_\_

Teacher: \_\_\_\_\_