



PARTICIPATION AGREEMENT AND CONSENT FOR SERVICES

PROGRAM COMPONENTS

DIRECTIONS: Complete upon enrollment and update as needed.

Parents as Teachers (PAT) Parent Education Program uses four ways to partner with parents to help each child reach his/her potential for learning: Check all components you would like to participate in.

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Personal Visits (*virtual or in-person*) – A trained parent educator shares information about your child’s development, shares an activity for you and your child to engage in and helps you with any parenting questions or concerns.

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Developmental Screening – A trained parent educator or related professional conducts a yearly developmental screening and health review to get a clear picture of your child’s strengths, emerging skills, and any area of concern. If concerns are identified that may affect the future learning of your child, you will discuss additional resources that will provide the help your child needs. We do not diagnose any conditions.

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Group Connections (*virtual or in-person*) – A trained parent educator or related professional provides opportunity for families to meet at a variety of locations to meet other parents, hear experts speak on parenting topics and child development or share interesting activities with you and your child.

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Resource Network – A trained parent educator connects you with resources and organizations that will help you meet your family’s needs and goals.

PARENTS AGREE TO...

- ✓ Be present for and participate actively in all scheduled visits.
- ✓ Visits in-person or virtual.
- ✓ Be willing to focus on your child’s development during the visits. Turn off all electronics, television or radio and engage in learning.
- ✓ Share what you have observed about your child since the last visit.
- ✓ Engage in the activity and follow up with the learning.

YOUR PARENT EDUCATOR WILL...

- ✓ Work together to set and reach goals for you and your family.
- ✓ Inform you of milestones expected at each stage of your child’s development.
- ✓ Help you be a good observer of your child.
- ✓ Collaborate to build on your strengths and skills.
- ✓ Personalize information to fit with your family’s needs, concerns and hopes.

CONFIDENTIALITY

By providing your consent, your individual information may be shared with THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION as provided by law.

The data includes information on the PAT services provided to your family, information you provided to the parent educator about your family, and information on forms you fill out as a participant in our program. For reporting purposes, your data will be summarized, limited data (this means that your name and any information that personally identifies you will not be connected to the data), may be reported to Parents as Teachers National Center (PATNC).

Parents as Teachers Missouri Curriculum Partner will not release identifiable 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).
- Our program may release information if we receive a court order requiring us to do so.

Questions or concerns? You can ask your parent educator now or contact the program supervisor _____ at _____.

RECORD KEEPING

During your participation in the PAT Parent Education Program, routine information will be collected and stored at the PAT office at _____. This includes family background information, health related information, screening results, referrals, recommendations you and your child receive, and information about the services we provide to your family.

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, _____ at _____.

You will need to allow at least two business days for access and to sign a statement that you were provided with your records.

PLEASE REVIEW AND SIGN

Printed Name of Parent Educator

Signature of Parent Educator

Date

Printed Name of Participant

Signature of Participant

Date

ADDITIONAL YEARS OF PARTICIPATION

YEAR 2:	Parent Educator Initials: _____ Participant Initials: _____	Date: _____ Date: _____
YEAR 3:	Parent Educator Initials: _____ Participant Initials: _____	Date: _____ Date: _____
YEAR 4:	Parent Educator Initials: _____ Participant Initials: _____	Date: _____ Date: _____
YEAR 5:	Parent Educator Initials: _____ Participant Initials: _____	Date: _____ Date: _____