



Family and Early Childhood West

Fredericton 506 454-8698 Woodstock 506 325-4493
1 855-4KidsNB (454-3762)

October 2017

Dear Parents/Guardians:

RE: Early Years Developmental Assessment (EYE-DA)

The Early Years Developmental Assessment (EYE-DA) is completed with all children who will begin kindergarten next September. The EYE-DA assesses the **developmental strengths and areas requiring support for children at the start of school**. It assesses four key areas of early childhood development: Awareness of Self and Environment, Cognitive Skills, Language and Communication, and Physical Development.

The EYE-DA is being conducted by your local Family and Early Childhood Agency on behalf of the Department of Education and Early Childhood Development. They will provide you with information about your child's developmental strengths, areas of need, and activities to support a positive transition to school.

The EYE-DA takes approximately 45 minutes per child. Colourful pictures and physical activities make the **EYE-DA** fun for children.

If you have any questions, please contact: **Family and Early Childhood West at 1-855-454-3762.**

Catherine Blaney, Acting Superintendent

Anglophone West School District

Anna Marie Hayes, Director of Early Childhood Services

Anglophone West School District

Patricia Harding-Chase, Regional Executive Director

Family and Early Childhood West



Family and Early Childhood West

1-855 (4KidsNB) 454-3762

Consent to Release and Receive Information

Date: _____

Child's Name: _____

☐ M ☐ F

Date of Birth: _____

(Day) (Month) (Year)

Address: _____

(Please use mailing address and include postal code)

Telephone: (Home) _____ (Other) _____ Email: _____

Mother/Legal Guardian: _____

Father/Legal Guardian: _____

The EYE-DA is administered in English.

Please contact us prior to the assessment at 1-855-454-3762, if your child is unable to complete the assessment in English. Please indicate your child's first language.

☐ French ☐ Other (indicate) _____

By signing this form, I, _____, the parent/guardian of _____, give **Family and Early Childhood West** permission to assess my child using the pre-kindergarten assessment tool, the **EYE-DA**, contact me with the results and release the results to the school my child will be attending and to the Department of Education and Early Childhood.

Name of School: _____

Signatures:

Parents or Legal Guardians