



Connecting the dots for children & their families

the SUNSHINE Project



The SUNSHINE Project provides consultation services to early childhood educators and caregivers in support of children 0-5 enrolled in a Buncombe County child care program. Utilizing the Pyramid Model framework, we provide education and technical assistance to programs who have identified individual children experiencing challenging social/emotional behaviors, potential developmental delays, and/or special needs.

● **Once the referral is made, consultants will:**

1. Collaboratively design action plans based on caregiver/teacher information, screenings, observations, and the Pyramid Model framework
2. Provide individualized support such as:
 - Offering coaching/modeling for staff
 - Providing materials as needed (visuals, sensory, social stories, etc.)
 - Advocating for families by linking them with community resources
3. Conduct trainings based on the CSEFEL Model (Center on the Social and Emotional Foundations for Early Learning)
4. Facilitate team meetings, coordinate scheduled time for reflective feedback, and monitor progress

● **Consultants are not therapists and may not:**

- Provide one on one behavior support
- Count in ratio or be responsible for the classroom
- Be held accountable for the follow through of recommendations or strategies

● **Director's consent:** I understand that the SUNSHINE Project provides consultation services to early childhood educators and caregivers in support of children 0-5. Furthermore, it is my responsibility to monitor and be accountable for the follow through of the recommendations/strategies provided by the SUNSHINE Project consultants. I understand that I will be contacted 6 months after the referral has been closed, to discuss the enrollment status of the referred child.

Signature _____ Date _____

● **Caregiver's consent:** I give permission for _____

to participate in services provided through the SUNSHINE Project. YES NO
be photographed/videotaped for consulting purposes. YES NO

I give permission for SUNSHINE Project to exchange and/or share information with _____ (School System, CDSA, Therapist, Pediatrician, Service Provider)

Signature _____ Date _____

check here if you do not want to be added to our e-newsletter. FIRST does not share emails with anyone ever.

Please contact our office at 277.1315 if you have not gotten a call from us within 2 weeks.

Child Referral Information

Date of Referral: _____ Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Ethnicity: Hispanic or Latinx Not Hispanic or Latinx

Race: American Indian or Alaska Native Asian Black or African American Multi-racial
 Native Hawaiian or Other Pacific Islander White Other Decline to Answer

Language Spoken: _____ Interpreter requested: Yes No

Child lives with: Parent/guardian Other Family Member Foster Parents Other

Caregiver/Legal Guardian(s): _____

Address: _____

Email: _____ Primary Phone: _____ Cell Phone: _____

Person/Agency referring: _____ Phone: _____

Childcare Center: _____ Phone: _____

Email of Center: _____ Teacher(s): _____ NC Pre-K? Yes No

● **Primary Concern (Please be specific):** _____

Center Requests (check):

- Classroom Observations Connecting Child/Family with Community Resources
 Developmental/Social-Emotional Screening Materials (social stories, sensory items, visuals)
 Staff Coaching Other _____

Does child have: IFSP IEP Have a copy? Yes No

Child's Insurance: Medicaid Health Choice Private (Type) _____

● **Please share any additional information:** _____
