



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 specialized needs.

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

1. Collaboratively create strategies and goals 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
 - Teacher training around specific developmental concerns
3. 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 want to be added to our e-newsletter. FIRST does not share emails with anyone ever.

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 Prefer Not to Answer

Language Spoken: _____ Interpreter requested: Yes No

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

Caregiver/Legal Guardian(s): _____

Address: _____

Email: _____ Primary Phone: _____ Secondary Phone: _____

Person/Agency referring: _____ Phone: _____

Childcare Center: _____ Phone: _____

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

● **Primary reason for referral (Please be specific):** _____

Child is at risk of being asked to leave childcare program Yes No

Does child currently receive supports or therapies (please specify) _____?

Does child have IFSP IEP Have a copy Yes No

Insurance type: _____ (SUNSHINE services are free; this information is helpful for recommendations of additional services/referrals)

Please check requested supports:

Classroom Observations Referrals to local agencies for specialized support (examples: speech, developmental pediatrician, therapy, CDSA, school system, etc.)

Developmental/Social-Emotional Screening Materials (social stories, sensory items, visuals)

Staff Coaching Other _____

We look forward to working together. We respond to referrals within one week. If you do not hear from us within that time frame, please email davina@firstwnc.org