

Developmental Screening Consent Form

Developmental screenings can identify a child's strengths as well as their needs. Your participation in the Developmental Screening program means that you will complete screenings throughout the year about your child's overall developmental skills using parent completed Ages & Stages Questionnaires (ASQ-3 or ASQ-SE). Your child's screening information will only be shared with you and his or her Early Learning Provider. The screening information cannot be released to any other persons, programs or schools without your permission. You will have access to all information collected about your child at any time.

By giving consent, you:

- Freely agree to participate in the developmental screening program using Ages & Stages Questionnaires (ASQ-3 or ASQ-SE)
- Can change your mind about participating in the developmental screening program at any time

Please check one of the following options:

- ☐ I **give** consent for my child, _____, to participate in developmental screening.
- ☐ I **do not give** consent for my child, _____, to participate in developmental screening.

Parent/Guardian name (print): _____ Date: _____

Parent/Guardian name (signature): _____ Date: _____