**Parent Consent to Screen**

**Ages and Stages Questionnaires**

**ASQ:3/ASQ: SE-2**

The first 5 years of life are very important for your children because this time sets the stage for success in school and later in life. During infancy and early childhood, your child will have many experiences and learn many skills. It is important to ensure that each child’s development proceeds well during this period.

As part of consenting to do the ASQ screenings, I understand that screening information entered online will be shared with the Delaware Department of Education, Office of Early Learning, the Delaware Department of Public Health and Delaware Health and Social Services to determine overall developmental trends that will help with budget and resource decisions. Screening results will also be shared with your childcare provider, because they must keep track of completed developmental screenings (required by Delaware STARs) and your district of residence if there is a concern.

Please review the options listed below and place a check mark next to the one you choose for the screening program.

­­­­ I have read the information about the ASQ: 3 and ASQ:SE-2, and I wish to have my child participate in the screening program. I will fill out the questionnaire about my child’s development and promptly return the completed questionnaires.

I have read the information about the ASQ: 3 and ASQ:SE-2, and wish to have my child’s teacher complete the questionnaires.

­­­ I do not wish to participate. I have read the information about the ASQ: 3 and ASQ: SE-2 and understand the purpose of this program.

­­­­­­­­­­­­­­­­­Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_