

Child's name: _____ Child's DOB: _____

Developmental Screening Consent/Waiver Form

The first eight years of life are very important developmentally for your child. During these years, your child will gain many experiences and learn many skills. Your child's early experiences set the stage for success in school and beyond.

Because of this, it is our policy and practice at North Shore Preschool and Child Care to regularly use screening practices for each child in our care. We do this to see where your child is developmentally, so we can tailor his or her classroom experience. We also use screening practices to identify any developmental concern early to allow for timely access to supports and services to help your child to develop optimally.

Please read the below statements and mark the box that you are most comfortable with:

I give my permission to have my child participate in developmental screening at NSPCC. I agree to complete the screener at home with my child and return it to the program within one week for further discussion with my child's teacher. The screening at home takes about 30-45 minutes.

I do not want to participate and do not give my permission to have my child screened at NSPCC. I will rely on the standard NSPCC, Red Leaf curriculum assessment. I understand the importance of early identification and intervention, and that I can ask to have my child screened any time in the future here at the center, should I reconsider.

My child is already receiving regular developmental screening through:

_____.

My child has been diagnosed with a developmental delay and is currently receiving supports and services (such as through Birth to Three, school district services, etc.).

Other. Please specify: _____

Parent Signature _____ Date: _____