



AGES AND STAGES SCREENING AUTHORIZATION FORM

The screening program will aid you in discovering your child's strengths, as well as uncover any areas of concern and determine if there are community resources or services that may be useful for your child or family.

The screening is quick and easy and entails you filling out two questionnaires (ASQ-3 and ASQ-SE) regarding your child. We give these out twice a year. They are then scored and feedback is given to you. You can share this feedback with your child's pediatrician as well if you have questions.

Please read below and mark the desired space to indicate whether you will participate in the screening program.

I have read the above information provided about the Ages & Stages Questionnaires (ASQ-3 and ASQ-SE), and wish to have my child participate in the screening program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.

I do not wish to participate in the screening program. I have read the above information provided about the Ages & Stages Questionnaires (ASQ-3 and ASQ-SE) and understand the purpose of this program.

Parent/Guardian Signature: _____

Date: _____

Child's Date of Birth: _____

If child was born 3 or more weeks prematurely (37 weeks or earlier), please indicate the number of weeks premature _____

TSI GOLD ONLINE ASSESSMENT AUTHORIZATION FORM

Every child in our program is an individual, with different interests, skills, strengths and needs. Our goal is to get to know as much as possible about each and every child so that we can guide learning and plan experiences that are just right. To do this, we use an authentic, ongoing, observation-based assessment system to gather information on each child's development and learning.

These assessments are housed in the online assessment tool. All of the information will be shared with parents/guardians twice a year. Please sign below indicating your permission to complete these assignments online.

Parent/Guardian Signature: _____ Date: _____