



Child's Name _____

AGES AND STAGES SCREENING AUTHORIZATION FORM

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. The Ages and Stages 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) online regarding your child. 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. As part of consenting to do the ASQ screenings, I understand that screening information entered online will also 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.

_____ 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 promptly fill out the questionnaire about my child's development when requested.

_____ 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.

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

Parent/Guardian Signature: _____ Date: _____

AGES AND STAGES SCREENING RELEASE OF INFORMATION

I further give permission for information to be shared about my child between Beginnings and Beyond and Birth to Three or the School District. Information shared may be: discussions regarding the ASQ screening results, developmental testing, Individual Family Service Plans (IFSP), and/or Individual Education Plans (IEP).

Parent/Guardian Signature: _____ Date: _____

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: _____