



# Parent Consent to Screen

Ages & Stages Questionnaires – ASQ-3/ASQ:SE-2

The first five years of life are critical for your child’s brain development and set the stage for success in school and later in life. It is important to keep track of your child’s development to help give them the best start during these early years. Ages & Stages Questionnaires®, Third Edition (ASQ®-3) and Ages and Stages Social Emotional Questionnaires (ASQ:SE-2) are free developmental and social emotional screenings offered in Delaware, and rely on YOU, the parent, as the experts. After you complete these questionnaires, they will be safely stored in an online profile created for your child. The screening information can help create a snapshot of your child’s skills to help you celebrate milestones and catch potential delays.

**By giving my consent\*, I understand that the following state and local organizations will have access to my child’s ASQ Child Profile to better support my child:**

- The Delaware Department of Education (DDOE) and the Division of Public Health (DPH) within Delaware Health and Social Services (DHSS).
- My child care facility which is responsible for ensuring the completion of developmental screenings.
- The Birth to Three Early Intervention Program (B23) or my school district of residence and/or school district where my child care is located.

***One or more of the above organizations will contact me with results and recommendations via email, US mail, or phone call.***

Child Care Facility Name: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

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

**CHECK ONE: I have read the above information and...**

\_\_\_\_\_ ***I have filled out*** printed ASQ questionnaires about my child’s development and returned the completed questionnaires for my child care facility to submit online for me.

\_\_\_\_\_ I agree to have ***my child’s educator complete*** the ASQ questionnaires online. Based on the results of the completed screening, I give permission to be contacted by the DDOE, Birth to Three Early Intervention Program or my school district of residence and/or school district where my child care is located at the information provided above.

\_\_\_\_\_ Screening my child is ***not required*** as they ***already have an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).***

\_\_\_\_\_ I understand the purpose of developmental screening and ***I decline*** to have my child participate at this time.

\* Parents/Guardians can withdraw their consent at any time.

\* This form is valid for 364 days from the day the parent/guardian signs it.