

Early On[®] Parental Consent for Developmental Screening

Child's Legal Name: _____ **Date of Birth:** _____
Parent/Guardian Name: _____ **Date:** _____

In order for your child to be screened, you must give informed, written consent for this activity through your signature below. The purpose of the developmental screening is to determine if developmental skills are progressing as expected or if there is cause for further evaluation.

How the screening is performed will vary based on the needs of your child. It may include you answering a few questions or filling out a survey about your child's development. Someone from *Early On* might observe your child doing playful activities.

Your child will be screened in the following developmental areas:

- Communication – how your child understands and lets you know what he/she wants.
- Social-Emotional – how your child gets along with family members and other people.
- Cognitive – how your child thinks and solves problems.
- Adaptive – how your child performs tasks such as dressing, feeding, and toileting.
- Physical – how your child moves around and uses his/her hands and feet.

The items in the screening are based on typical developmental milestones for your child's age. For example, a fine-motor screening question for a 16-month-old child may ask if your child helps turn the pages of a book. A communication question for a 22-month-old child may ask if your child says 15 or more words in addition to 'mama' and 'dada.'

Early On will talk with you about the results and recommendations. The screening results will be used to determine if there is a need for evaluation under *Early On*.

The results and information obtained during the screening will remain confidential. You have a right to request an evaluation at any time during the screening process regardless of whether the screening determines a need for evaluation. There is no cost for screening or evaluation.

Acknowledgement and Statement of Consent

I give my informed consent for *Early On* to carry out the screening described above. I understand that my consent is voluntary. I understand that I can request a developmental evaluation to determine eligibility at any time during the screening process.

Parent/Guardian Name: _____ **Date:** _____
Early On Representative: _____ **Agency:** _____
Date: _____