



ASQ PARENT RESULTS REVIEW

Developmental Screening ASQ-3 (Ages and Stages Questionnaire) Results

Pursuant to the Office of Early Learning rule *6M-4.720 Screening of Children in the School Readiness Program*, I have received a copy of the screening results and activities for the ASQ (Ages and Stages Questionnaire) completed on ____/____/____ for my child / children listed below.

I understand that a staff member from the Early Learning Coalition of Duval may contact me to discuss any screening results and follow up services that are available for my child / children.

	CHILD'S FULL NAME	CHILD'S DATE OF BIRTH
1		
2		
3		
4		

Parent / Guardian Name

Contact Phone Number

Parent / Guardian Signature

Date

Provider's Name

Provider's Signature

6M-4.720 Screening of Children in the School Readiness Program

(e) Each early learning coalition shall provide, in writing, or shall require a child care provider to provide in writing, the screening results for each child to the child's parent.