



PARENT / GUARDIAN CONSENT FORM

Developmental and/or Social Emotional Screening ASQ-3 (Ages and Stages Questionnaire) ASQ-SE2 (Ages and Stages Questionnaire – Social / Emotional)

I give permission to the staff of _____ to complete developmental and / or social emotional screenings for my child / children. This would be in the areas of communication, gross motor, fine motor, problem solving, and social / emotional development. I understand that the information will be submitted online through http://www.elcduval.org/developmental_screenings/.

I understand that a Specialist from the Early Learning Coalition of Duval may contact me to discuss the results of the screenings and about necessary follow up services for my child / children, as part of care coordination, from other agencies like Speech and Hearing Center, Child Guidance, Early Steps, Child Find, Hope Haven, Children's Home Society, Kids Hope Alliance, Duval County Public Schools and Episcopal Children's Services.

I understand this is an important and valuable service for my child / children.

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

Parent / Guardian Name - Print

Contact Number

Parent Signature

Date

(Consents are valid for 1 year from date signed)