



helpmegrowny.org

Parent/Guardian Consent Form:

Dear parent/guardian,

Because your child's first five years are so important, we want to help your child get the best start in life. Our program offers a special resource to help your son or daughter thrive. Through a partnership with Help Me Grow WNY, we are able to provide you with the Ages & Stages Questionnaires, at no cost to you. These questionnaires can help you and our staff better understand your child and support his or her growth.

These questionnaires will ask for your responses about some things your child can and cannot do at this stage of development. These relate to communication, gross motor, fine motor, problem solving, and personal-social skills. There are no "right" or "wrong" answers. This information will help us structure the best environment for your son or daughter and work with you to track progress. The information is confidential and will only be shared with Help Me Grow early childhood professionals.

If a questionnaire show that your child is developing without concerns, Help Me Grow WNY will provide some ideas about how to build upon your child's development. They will then provide the next questionnaire at the appropriate time. If a questionnaire shows some possible concerns, you will be contacted to discuss community resources that may be helpful for your family. At any time, you may reach out to us or Help Me Grow WNY with questions or concerns about your child's development.

Please write your child's name and then complete the section below that indicates whether you would like to participate (Option 1) or not (Option 2).

Child's First Name: _____

Child's Last Name: _____

Date: _____

OPTION 1:

_____ I wish to have my child participate in the developmental monitoring program. I have read the provided information about the Ages & Stages Questionnaires (ASQ-3 and ASQ-SE) and will fill out the questionnaires about my child's development and return them to my child care provider.

Parent/Guardian Signature: _____

Child's Date of Birth (mo/day/yr): _____

Weeks Premature (if applicable): _____

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

Mailing Address of Parent/Guardian: _____

Preferred Phone Number: _____

E-mail Address: _____

OPTION 2:

_____ I do not wish to participate. I have read the provided information about the Ages & Stages Questionnaires (ASQ-3 and ASQ-SE) and understand the purpose of this program.

Parent/Guardian Signature: _____

Child Care Program Name: _____