



NH Watch Me Grow

Parent/Guardian Consent for Use of Screening Information

What is Watch Me Grow (WMG)?

WMG is a statewide developmental screening system that helps parents or guardians of young children (ages birth to six) ensure that their child is learning and growing as expected.

Why is it important?

During infancy and early childhood, children need to learn many new skills. The first few years can affect their ability to learn, think, and grow for the rest of their lives. WMG is a simple and fun way to help children all over our state have the best chance for success!

How does WMG work?

WMG includes a series of questionnaires called Ages & Stages Questionnaires (ASQ) for you to answer about your child's development. Completing the questionnaires may help you learn more about how your child learns and grows.

If you want more information or have questions or concerns, WMG can help. The right information and resources at the right time can make a huge difference in the lives of parents and young children.

Why does WMG collect information and how is it used?

WMG helps to ensure that all young children and families in New Hampshire have access to developmental screening and receive the supports and services they want or need. Information is collected to determine how well the system is working and to make improvements if necessary. With your permission, the WMG agency in your area will enter the following information into our data system:

- A non-identifying code for your child that is created using your child's initials and birthdate (*for example, Adam Smith, born on December 11, 2010, would be listed as adasm12112010*);
- What screening tool was used (*for example, the ASQ-SE*);
- The results of the screening; and
- What (if any) referrals were suggested.

The WMG agency in your area and the NH Department of Health and Human Services will use the information provided to create reports, such as how many children were screened and how many referrals were made. No identifying information about individual children will be shared in any report.

Help make sure that WMG is effective by allowing us to include your child's screening information in the WMG data system. (Your child may participate in screenings even if you do not give your permission for WMG to collect information.) **Please check your preference below:**

I DO / I DO NOT give permission to include my child's information in the WMG data system.

Why is it important to share screening information with my child's health care provider?

Your child's health care provider is a critical part of his or her care. With your consent, WMG will send your provider a copy of the completed questionnaire(s). **Please check your preference below:**

I DO / I DO NOT give WMG permission to send completed questionnaires to my child's health care provider.

Name/location of health care provider: _____

Name of parent (or guardian)

Parent (or guardian) signature

Date

Name of witness

Signature of witness

Date

Name of child

Child's date of birth

Consent is valid for one year from date of parent/guardian's signature.