

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 **DO GIVE PERMISSION** to the staff of HOGAN LANE DAY CARE, INC. (preschool, child care center or FCCH) 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 as part of Care coordination 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 from other agencies like: Speech and Hearing Center, Child Guidance, Early Steps, Child Find, Hope Haven, Children’s Home Society, Kids Hope Alliance, and Episcopal Children’s Services.

____ I **DO NOT GIVE PERMISSION** to the staff of HOGAN LANE DAY CARE, INC. (preschool, child care center or FCCH) to complete developmental and / or social emotional screenings 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)