Child's nar	me: Child's date of birth:
	ABC Child Care Center
	Developmental Screening Consent/Waiver Form
you	e first five to eight years of life are very important developmentally for your child. During these years, ir child will gain many experiences and learn many skills. Your child's early experiences set the stage success in school and beyond.
prae taile	cause of this, it is our policy and practice at ABC Child Care Center to regularly use screening ctices for each child in our care. We do this to see where your child is developmentally, so we can or his or her classroom experience. We also use screening practices to identify any developmental cern early to allow for timely access to supports and services to help your child to develop optimally.
Plea	ase read the below statements and mark the box that you are most comfortable with:
	I give my permission to have my child participate in developmental screening at ABC Child Care Center. I agree to complete the screener at home with my child and return it to the center within one week for further discussion with my child's classroom teacher.
_	I <i>do not</i> give my permission to have my child screened at ABC Child Care Center (please mark appropriate reason below). I understand the importance of early identification and intervention, and that I can ask to have my child screened any time in the future here at the center, should I reconsider.
	☐ My child is already receiving regular developmental screening through:
	Please check here if you agree to share the screening results with us to keep in your child's portfolio.
	☐ My child has been diagnosed with a developmental delay and is currently receiving supports and services (such as through Birth to Three, school district services, etc.).
	□ Other. Please specify:

Date

Parent or Guardian Signature