

Early Childhood Screening



Conscientious Objection to Early Childhood Screening

If you wish to opt out of Early Childhood Screening for your child, please review, complete, and return this form to:

Anoka-Hennepin Schools Early Childhood Screening
11400 Magnolia St NW, Minneapolis, MN 55448
Email: earlychildhoodscreening@ahschools.us

Child's Name: _____ Child's Date of Birth: _____

In accordance with Minnesota state law, Anoka-Hennepin Schools conducts Early Childhood Screening to assist parents and communities in improving the health of Minnesota children and in planning educational and health programs. To ensure identification of risk factors that may influence learning, screening requirements include the following areas:

- immunization assessment
- developmental screening to assess development of cognitive, fine and gross motor skills, speech and language, social-emotional behavior and self-help skills
- hearing and vision
- height and weight
- health history
- summary interview

_____ I understand the purpose of Early Childhood Screening and due to my conscientiously held beliefs object to having my child screened in all of the areas listed above.

OR

_____ I understand the purpose of Early Childhood Screening and due to my conscientiously held beliefs object to having my child screened in the following areas specified here:

Signed Relationship to the child Relationship to the child

Date

(Office Use Only) Student ID Number: _____



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763-433-4910