Child's Name: _____

Birthdate: _____

Parent/Guardian: _____

Early Childhood Screening - Parent Consent

Early childhood developmental screening helps a school district identify children who may benefit from district and community resources available to help in their development. Early childhood developmental screening includes a vision screening that helps detect potential eye problems, but is not a substitute for a comprehensive eye exam. This screening does not replace on-going care from your health care provider or dentist. Screening data collected is private so it may only be shared with anyone listed on the release of information; school district staff with a legitimate educational need to know; by court order; or with others as required by law, including the state or legislative auditor.

This screening includes:

☐ Review of your child's immunization record
☐ Check of your child's growth, such as height and weight
☐ Check for possible hearing problems
☐ Check for eye health, including how well your child can see
☐ Review of factors that might interfere with your child's health, growth, development, or learning
☐ Check of your child's development
☐ Your report if your child's growth and learning, including emotional and behavior status
☐ Information about your child's health care and insurance
☐ Information about community resources and programs based on your child's or family's needs

Child and Parent Rights, Obligations, and Assurances

1. The standards for screening are the same for every child regardless of race, income, creed, sex, national origin, or political beliefs.
2. Screening is required for your child's entry into the public school kindergarten or first grade. This requirement is met if your child has participated in a screening through Head Start, Child and Teen checkups, or equivalent screening through another provider within the past year. The screening summary results must be given to your child's school district.
3. Screening is not required if you are a conscientious objector to screening.
4. You have the right to refuse any of this screening for your child and still receive any of the other screening parts.
5. You have the right to refuse referral for assessment, diagnosis, and possible treatment for your child.
6. Your child's medical assistance eligibility or eligibility in any other health, education, or social service programs will not be affected if you refuse this screening or any parts of this screening.

I give permission for Early Childhood Screening checked below for: **Child's Name:** _____

Check Yes/No to one of the following: **1. Complete Screening as described above.** _____

2. Screening described above except: _____

Parent/Guardian Signature: _____ **Date:** _____

Relationship to the child: _____

Consent to Release Information

Hopkins Early Childhood Screening uses screening information to identify any possible problems that might interfere with your child's health, growth, development, or learning. Under Minnesota law, screening results are classified as private data. The results cannot be released or discussed with anyone without your consent. If you refuse to release this information, it will not affect your child's eligibility for medical assistance or any other health, education, or social service program.

Information may be used for the following purposes:
1. To obtain follow-up services for your child after the screening.
2. To arrange for further evaluation or assessment of your child's health, growth, development, or learning.
3. To fulfill the requirements for your child's entrance into public school.
4. To evaluate screening programs by the Minnesota Department of Health, Minnesota Department of Education, and/or the Department of Human Services. Your child's name will not be identified in any evaluation results.

**** I hereby authorize release of my child's screening information to the following checked programs or services for the purpose of evaluation, assessment, diagnosis,treatment, follow-up, and/or programming.**

_____ **Early Childhood Family Education, Early Childhood Special Education, School Readiness**

_____ **School District**

_____ **Other:** _____

Parent/Guardian Signature: _____ **Date:** _____

Relationship to the child: _____