EARLY CHILDHOOD SCREENING
Conscientious Objection Form

If you wish to conscientiously object, decline or opt out of the Early Childhood Screening Program, please review, complete and return this form to ***julie.weig@hopkinsSchools.org***

Early Childhood Screening Program Description

In accordance with Statutes 121A.16-121A.19, districts conduct Early Childhood Screening to assist parents and communities in improving the health of Minnesota children and in planning educational and health programs. To ensure the identification of risk factors that may influence learning, the elements of screening include:

- Immunization review
- Hearing and Vision
- Height and weight
- Development: thinking, small and big muscles, speech and language; including virtual developmental screening for families who make the request based on their immunocompromised health status or other health conditions
- Social emotional questionnaire the parent fills out (behavior, self-help skills)
- Health care provider coverage
- Risk factors which may influence learning
- Summary interview with parent and referrals offered for any areas of concern

Notice to Parents

Parents may decline to answer questions or provide information about family circumstances that might affect development and identification of risk factors that may influence learning. Early Childhood developmental screening helps a school district identify children who may benefit from district and community resources available to help in their development. Declining to answer questions or provide information does not prevent the child from being enrolled in kindergarten or first grade if all other screening components are met.

Comparable Screening Notice

A child need not submit to the district screening program if the child's health records indicate to the school that the child has received comparable developmental screening performed within the preceding 365 days by a public or private health care organization or individual health care provider.

Child's full name: _____ Child's birth date: _____

Parent/Guardian Signature: _____

Relationship to child: _____ Today's Date: _____