



DEVELOPMENTAL SCREENING PROGRAM CONSENT FORM

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Oak Park Elementary School District 97 makes your use of this site possible through an arrangement with the Collaboration for Early Childhood Care & Education (Collaboration for Early Childhood).

The information you enter into this website is confidential, secure and will not be seen or accessed by anyone in District 97. Furthermore, District 97 will not be reviewing your responses about your child.

The Collaboration for Early Childhood works to support all early childhood programs and services in Oak Park and River Forest to help them provide high quality programs and support your child's development. Collaboration for Early Childhood may be providing guidance and support to River Forest Community Center in their work with your child, by reviewing your child's information and to assist staff's efforts to support his or her development, including ways to meet any developmental needs.

As part of this effort the Collaboration has contracted with Chapin Hall at University of Chicago to analyze the aggregated data of the children participating in this program to help us understand how many children are being screened, what additional supports and services they are eligible to receive and whether they receive them. *Research is not conducted on individual children.* Your child's identifying information is removed from the data immediately upon transfer to Chapin Hall. The Collaboration and Chapin Hall maintain the strictest confidence with all of your child's information and shall follow all laws and regulations relating to your and your child's privacy rights.

By completing the ASQ – 3 and ASQ: SE-2 Questionnaires, you agree to:

1. Share your responses with River Forest Community Center; and
2. Give permission to River Forest Community Center to share your responses about your child, and any follow-up activities, with the Collaboration for Early Childhood.

The River Forest Community Center, The Collaboration for Early Childhood, Chapin Hall and District 97 will not share any information that identifies you, or your child with any other person, organization, agency or school without your further permission, or use your child's information for commercial purposes. The permission you have granted in this form will end within 30 days after the last day of your child's enrollment at The River Forest Community Center. Refusal to give permission to share your child's information will NOT affect your child's eligibility to participate in any program, but it may make it more difficult for The River Forest Community Center to provide coordinated services to your child.

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Child's Name: _____ Date of Birth: _____

Parent or Primary Care Provider: _____

If child was born 3 or more weeks prematurely, list number of weeks premature: _____

Please read the text below to select your **preferred option(s)** for participation

YES - I wish to participate (please check all appropriate statements and sign below):

_____ I have read the provided information about the Ages & Stages Questionnaires (ASQ-3 and ASQ: SE-2), and I wish to have my child participate in the Developmental Screening Program. I will fill out the questionnaires about my child's development and promptly return the completed questionnaires through the online questionnaire completion system.

_____ I also consent to receive screening feedback surveys / screening responses at the email address provided on the completed questionnaire. *Your email address will not be shared for any other use without your express written consent.*

_____ I hereby authorize my child's caregiver _____ (nanny, babysitter, grandparent, etc. who spends at least 15-20 hours per week with my child, but is NOT a member of screening program staff) to complete the screening questionnaire on my behalf. Through the online questionnaire completion system or on paper as appropriate. I understand that Early Childhood Program/Medical Practice will enter questionnaire responses if provided on the paper forms into the online questionnaire completion system.

_____ I have read the provided information about the Ages & Stages Questionnaires (ASQ-3 and ASQ: SE-2), and I wish to have my child participate in the Developmental Screening Program. I will fill out the questionnaires about my child's development and promptly return the completed questionnaires, however I am unable to complete the ASQ Questionnaires online and prefer to receive paper copies of the ASQ-3 and ASQ: SE-2 questionnaires to complete instead. I understand that my provider will then ensure that questionnaire responses are entered into the online questionnaire completion system.

NO – I do not wish to participate at this time (please check and sign below):

_____ I do not wish to participate. I have read the provided information about the Ages & Stages Questionnaires (ASQ-3 and ASQ: SE-2) and understand the purpose of this program.

Parent/Guardian Signature

Parent/Guardian Name (Please Print)

Date