## Tri-County Head Start/Early Head Start

Screening Consent Form

Tri-County Head Start/Early Head Start will use the following assessments to screen each child. These assessments help us learn more about your child's progress in all areas of development: Motor, Adaptive, Cognitive, Social-Emotional and Communication.

-		npleted by the parent. It focu completion of this screener i	=	
I understand	and will complete	the ASQ within 5 days of enro	llment.	
I need assista	nce with completin	ng the questionnaire.		
The Battelle Develop enrollment to screen		creening tool will be used with and preschoolers.	nin 45 days of	
Yes, you have	permission to adm	ninister the BDI screening asses	er the BDI screening assessment.	
No, you do not have permission to administer the BDI screening assessment.				
•	social-emotional d	ent (I/T, P2 and C) will be used levelopment. These results gu		
Yes, you have my permission to administer the age appropriate DECA.				
No, you do not have permission to administer the age appropriate DECA.				
	Releas	e of Information		
additional help or ec	arly interventions. V	etermine the skills in which you We will need permission from y ecommendations to the prop	ou to send	
Yes, I grant po	ermission to release	e assessment results.		
No, I do not g	grant permission to	release assessment results.		
Child's Name		Parent's Signature	Date	
Staff Signature	Date	Center	School Year	

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