

Dear parent/caregiver:

Welcome to our social-emotional screening and monitoring program! The first 5 years of your child's life are very important. Social-emotional development within the first few years of life prepares your child to be confident, trusting, curious, and able to develop positive relationships with others. Your child's positive social-emotional development forms a foundation for learning throughout life.

As part of this service, we provide the Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2), to help you keep track of your child's social-emotional development. ASQ:SE-2 asks questions about your child's behaviors and social-emotional growth.

If the questionnaire shows that your child is developing without concerns, we will share some activities that you can do at home to encourage your child's social-emotional development. Then, we will give you a questionnaire every 6 months until your child is 3 years old, and then again at 4 and 5 years old.

If completing this questionnaire brings up any questions or concerns, we can talk about information and resources that can help. Information will be shared with other professionals or agencies only with your written consent.

We look forward to your participation in our program. Please call or e-mail me at any time if you have any questions or would like to discuss any concerns about your child's development.

Sincerely,

Program contact: _____

Program name: _____

Program telephone/e-mail: _____



Consent Form

The first 5 years of life are very important. Social-emotional development within the first few years of life prepares your child to be confident, trusting, curious, and able to develop positive relationships with others. Your child's positive social-emotional development forms a foundation for learning throughout life.

Please read the text below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

- I have read the information provided about the Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2), and I wish to have my child participate in the screening/monitoring program. I will fill out questionnaires about my child's social-emotional development and will promptly return the completed questionnaires.
- I do not wish to participate in the screening/monitoring program. I have read the provided information about the Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2), and understand the purpose of this program.

Parent's or guardian's signature

Date

Child's name: _____

Child's date of birth: _____

If child was born 3 or more weeks premature, # of weeks premature: _____

Child's primary physician: _____



Demographic Information Sheet

Today's date: _____

Child's name (first /middle/last): _____

Child's date of birth (MM/DD/YYYY): _____ / _____ / _____

If child was born prematurely, # of weeks premature: _____

Child's gender: Male Female

Child's ethnicity: _____

Child's birth weight (pounds/ounces): _____

Parent/primary caregiver's name (first/middle/last): _____

Relationship to child: _____

Street address: _____

City: _____

State/Province: _____ ZIP/Postal code: _____

Home telephone: _____ Work telephone: _____

Cell/other telephone: _____

E-mail address: _____

Child's primary language: _____

Language(s) spoken in the home: _____

Child's primary care physician: _____

Clinic/location/practice name: _____

Clinic/practice mailing address: _____

City: _____

State/Province: _____ ZIP/Postal code: _____

Telephone: _____ Fax: _____

E-mail address: _____

Please list any medical conditions that your child has: _____

Please list any other agencies that are involved with your child/family: _____

Program Information

Child ID #: _____

Date of admission to program: _____

Child's adjusted age: _____

Program ID #: _____

Program name: _____



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.

Please read the text below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

- I have read the information provided about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and I wish to have my child participate in the screening/monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.
- I do not wish to participate in the screening/monitoring program. I have read the provided information about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and understand the purpose of this program.

Parent's or guardian's signature

Date

Child's name: _____

Child's date of birth: _____

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

Child's primary physician: _____

