##### Chart, scatter chart Description automatically generated

***For Office Use:***

**CHILD CARE:**

Date of Admission:

□ 0-3 □ 3-6

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Typical

□ Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Rescreen \_\_/\_\_/\_\_ □ ASQ +SE □ ITC

Rescreen Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Child Screening Program

Betsy Krise, Child Outreach Coordinator

660 South Main Street

Dayton, Ohio 45402

937.528.6460 Email: [b.krise@gesmv.org](mailto:b.krise@gesmv.org)

## PERMISSION TO SCREEN

Goodwill Easter Seals Miami Valley (GESMV) Child Screening Team has permission to perform an onsite developmental screening on my child and/or review my child’s parent-completed Ages and Stages Questionnaires (ASQ). My child’s early childhood program has permission to submit a screening for my child into the secure GESMV ASQ Online Enterprise System for review and follow-up on screening results. GESMV may release screening results and exchange information with my child’s early childhood program. In the event of a suspected delay or concern, GESMV has permission to make a referral and exchange information with Help Me Grow (applicable to children 0-36 months only), your child’s home school district (children ages 3-5 years), and/or your child’s physician (if physician contact information is listed below). Intervention services are voluntary programs and parents may accept or refuse participation once a Help Me Grow or school district professional contacts the family. If concerns are present on your child’s screening, GESMV will attempt to contact you by phone or email to discuss these assessment options and gather additional developmental information. At times, GESMV may run general data reports to share with community stakeholders to determine the effectiveness and scope of the online screening partnership. This shared data will **NOT** include identifiable child information including names or family contact information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name (First) (Middle) (Last)**

**Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Number of Weeks Premature \_\_\_\_\_\_\_ (if under 2 yr.)**

**LANGUAGES OTHER THAN ENGLISH SPOKEN IN THE HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Signature of Legal Guardian Phone (Best)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Guardian’s Name (Please Print) Email**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_**

**Relationship to Child Ethnicity/Race (optional)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address City State Zip Code**

**County Home School District**

**In the event of a suspected developmental concern, a copy can be sent to your child’s doctor/clinic**:

**Child’s Doctor/Clinic Name Street Name (Doctor)**

**YES NO (please circle)** Does your child receive any current intervention services?

**YES NO (please circle)** Does your child have a current IFSP (Help Me Grow)

**YES NO (please circle)** Does your child have a current IEP for special needs preschool (school district)?

**YES NO (please circle)** Does your child receive private therapy?

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