

**Discovery Developmental Center**  
Permission to Screen / Release of Information

Discovery Developmental Center (DDC) utilizes a variety of community resources and screening tools to help us provide your child(ren) with the best early childhood experiences we can. Services we utilize from the community include Speech and Language screenings from area Speech and Language Pathologists, Vision and Hearing screenings in cooperation with local 4<sup>th</sup> year nursing students, and developmental screenings from the Child Developmental Center (CDC). Catching speech and language delays and hearing and vision issues at an early age can have a major impact on children's lives, socially and cognitively. This information will be used with confidentiality and is offered in the best interest of your child. Should screening results indicate that your child would benefit from further evaluation, we will meet with you to discuss the results and make recommendations.

In addition, DDC staff complete the Ages and Stages Questionnaire (ASQ) with each child and request families to complete the Ages and Stages-Social Emotional Questionnaire (ASQ-SE) to further inform our planning in the classrooms. If any of the completed forms suggest that there are concerns about your child, we will contact you directly, and again, meet with you to discuss the results and make recommendations.

Please indicate below if permission is granted for your child(ren) to participate in screening services provided at DDC.

**Please Initial**

\_\_\_\_\_ I give my permission for my child to receive a speech and language evaluation at Discovery Developmental Center.

\_\_\_\_\_ I give my permission for my child to participate in Vision and Hearing screenings at Discovery Developmental Center.

\_\_\_\_\_ I give my permission for my child to participate in developmental screenings provided by the Child Development Center.

\_\_\_\_\_ I give my permission for DDC staff to complete an ASQ with my child each year they attend DDC.

\_\_\_\_\_ I give my permission for professionals to share information about my child's screening results with DDC teaching staff and/or Director.

Child's Name \_\_\_\_\_

Birth Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_