



FREE DEVELOPMENTAL SCREENING – PARENT PERMISSION

[Please complete form & bring to your child's screening appointment]

Child's name: _____

DOB: _____ Age (months): _____ Gender: M () F ()

Race (circle): ASIAN OR PACIFIC ISLANDER BLACK/NON-HISPANIC ORIGIN HISPANIC
AMERICAN-INDIAN/ALASKA NATIVE WHITE/NON-HISPANIC ORIGIN MULTIRACIAL

Native language spoken in home (circle): ENGLISH SPANISH OTHER: _____

Child resides with (name/relationship): _____

Phone # Home: _____ Cell: _____ Work: _____

Mailing address & ZIP: _____

Biological mother's name (if different from above): _____

Mailing address: _____ Phone #: _____

Biological father's name (if different from above): _____

Mailing address: _____ Phone #: _____

ABOUT SCREENINGS:

Your child's free developmental screening will measure skills in the areas of vision, hearing, speech/language, gross and fine motor, self-help, social/emotional development and cognition. A screening does not measure mental age or IQ, nor will it diagnose a child. Results of the screening will indicate whether or not, on this particular day, your child can perform skills at his/her current age level. Please keep in mind that all children develop at a different rate.

Please list any concerns you may have about your child's:

development _____

behavior _____

other _____

PERMISSION FOR SCREENING:

I understand that the state of Wyoming maintains a Screening Results Database. The benefits of the database are to ensure appropriate screening, follow-up and referral processes. Screening records are confidential and only accessible by authorized personnel. Records will not be released to other sources without my written permission.

I understand that by signing this permission my child will be screened in the areas described above, but no future screenings or formal evaluation will occur without my written permission. I give permission for my child's screening results to be forwarded to:

None Physician _____ Other _____

Signature of parent/guardian _____

Date _____

[OFFICE USE ONLY]

Appointment date: _____ Received by: _____