

Parental Consent for Child Find Screening

Preschool/Childcare Center (if applicable)	Date
free developmental screening for your child. Your	and Resources System – Child Find Program to provide a child will be screened individually on a standardized are provider interviews may also be part of the screening
Your child may be assessed in the following areas: Speech: making speech sounds Language: understanding / using language Gross Motor: large muscle movements Fine Motor: using hands, fingers	Personal: doing things for his/herself Social: getting along, following rules Cognitive: reasoning, problem solving, alphabet, counting, rhyming Vision and Hearing
You will receive a copy of the results of this screeni Laura Toman, Child Marathon High School Attn: Laura Toman 350 Sombrero Beach Ro Marathon, FL 33050 305-340-7634 Laura.Toman@KeysSci PLEASE PRINT: Child's Nome: (First Middle Last)	d. hools.com
Child's Name: (First, Middle, Last)	
Date of Birth	Place of Birth
Child's Race	Sex
Mother's Name	Father's Name
	Mother's Cell # Other phone #
Father's Cell #	Other phone #
Parent(s) Email Street Address Child's Primary Language: English Spanish My concerns are:	City Zip Polish Creole Other
() Yes, I consent to the proposed screen () No, I do not consent to the proposed Parent/Cuardian's Signature	screening.
Please check one:	Date be shared with my child's childcare provider and/or as the referring source.
I do not want screening information shared w	ith my child's childcare provider.