



# 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 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: \_\_\_\_\_