



Parental Consent for Child Find Screening



School _____

Date _____

This form gives consent for the Monroe County School District – Child Find Program to provide a free developmental screening for your child. Your child will be screened individually on a standardized screening device. Observations and teacher/ childcare provider interviews may also be part of the screening procedure.

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 screening. For additional information please contact:

Monroe County School District – Child Find

Laura Toman, Child Find Specialist

Stanley Switlik Elementary

Attn: Laura Toman

3400 Overseas Hwy.

Marathon, FL 33050

305-340-7634 Fax: 305-289-2496

Laura.Toman@KeysSchools.com

PLEASE PRINT:

Child's Name: (First, Middle, Last) _____

Date of Birth _____

Place of Birth _____

Child's Race _____

Sex _____

Mother's Name _____

Father's Name _____

Home Phone _____

Mother's Cell # _____

Father's Cell # _____

Other phone # _____

Parent(s) Email _____

Street

Address _____

City _____

Zip _____

Child's Primary Language: English _____ Spanish _____ Polish _____ Creole _____ Other _____

My concerns are:

() **Yes, I consent to the proposed screening.**

() **No, I do not consent to the proposed screening.**

Parent/Guardian's Signature _____ **Date** _____

Please check one:

____ I understand that screening information will be shared with my child's childcare provider and/or _____ as the referring source.

____ I do not want screening information shared with my child's childcare provider.