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### Free Screening Consent Form – Childcare

We are offering your child a free developmental screening at: NDSU - Center for Child Development T.  
If you are interested in having your child participate, please sign and return this form to your child's caregiver or teacher. Participation is not required and will not be performed without your consent. The screening results are not a diagnosis, but recommendation that your child may benefit from services offered within the community.

☐ Yes, I would like \_\_\_\_\_ to participate in the screening.  
Child's Full Name

Date of Birth: \_\_\_\_\_ Gender: ☐ BOY ☐ GIRL

Was your child premature? ☐ YES ☐ NO If so, how many weeks: \_\_\_\_\_

☐ Yes, screen results may be shared with my childcare facility and support staff.

☐ No, screen results are confidential and may not be shared with my childcare facility and support staff.

☐ As a parent, I have no concerns.

☐ As a parent, I am concerned about my child's:

_____ Balance	_____ Grasping	_____ Social Skills	_____ Walking
_____ Crawling	_____ Communication	_____ Dressing	_____ Feeding
_____ Sitting	_____ Stuttering	_____ Coordination	_____ Clarity of Speech
_____ Attention Span	_____ Number of Words	_____ Body Awareness	_____ Transitions
_____ Sensory Skills	_____ Drooling	_____ Writing	_____ High Activity Level

If other, please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Email Address

If you have any questions or would like more information about the screening program, please contact the Pediatric Partners screening specialist, Jackie Miller at (701) 356-4384 ext. 2009