



Early Learning Academy

506 West 2nd Street
Frankfort, KY 40601
(502) 875-8658

Ages and Stages Screening Program Parent Permission Form

DATE: _____ CHILD'S DATE OF BIRTH _____

Was your child born premature? Yes No If yes, how many weeks? _____

Dear Parent,

Thank you for your interest in participating in the Ages and Stages Questionnaire with your child. **With your permission and participation**, you and a staff member of the Frankfort Early Learning Academy will administer the *Ages and Stages Questionnaire-3 (ASQ-3)* and/or the *Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)*.

The results and information from the ASQ-3 and/or ASQ:SE will only be shared with you.

If you agree to participate in this project, please complete the following information.

I hereby give my permission for _____ to be included in the Ages and Stages Screening program at Frankfort Early Learning Academy.
(My child's name)

I request for my child's information to be shared with the following agencies:

I will share my child's information with agencies/physicians on my own.

First Steps /Other (please specify) _____

Signed: _____
(Legal guardian signature)

Date: _____

Parent email and mailing address: _____

If you have any questions, please contact your child's teacher.