 ![HS logo[1]]()

Southern New Hampshire Services, Inc.

Child Development Program

**Watch Me Grow Parent Permission**

**What is Developmental Screening?**

Like a yard stick measures height, developmental screening is a tool that helps measure children’s development including:

* How children use their hands, bodies and senses (Motor skills)
* How children think and solve problems (Cognitive skills)
* How children use language- speaking, listening and understanding (Communication skills)
* How children express their emotions and get along with others (Social-Emotional skills)
* How children take care of their own needs, like dressing, feeding (Self-help skills)

**Watch Me Grow** is a New Hampshire statewide initiative that helps to ensure all young children and families in NH have access to developmental screening and receive the supports and services they want or need. As children are given the ASQ screenings, the results are submitted to a statewide data system.

* I give SNHS, Inc. Child Development Program permission to share the results of my child’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_developmental screening with the NH Watch Me grow initiative. I understand that there will be no information that could identify my child attached to the screening data.
* I give SNHS Inc. Child Development Program permission to share my child’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ screening results with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, his/her primary care provider. I understand that this will only occur if the score exceeds the screening cut off and after the results have been shared with me.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the disclosed information will be

 PARENT/GUARDIAN NAME (FIRST & LAST)

considered confidential, it will be used for the ultimate benefit of my child and family, and it will not be re-disclosed to any person, school, or agency without my consent. I understand that this form *will expire in one year* unless I choose to revoke my permission in writing before that time. I understand that I can revoke my permission in writing at any time with Southern New Hampshire Services, Inc. Child Development Program.

**NOTE:** A copy of this completed form shall have the same force as the original.

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SIGNATURE OF PARENT/GUARDIAN/SELF DATE

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 SIGNATURE OF WITNESS DATE