



888.875.5262 | pediatricpartnersclinic.com

Free Screening Consent Form – Childcare

We are offering your child a free developmental screening at: Family Wellness Childcare

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:** _____

Please select how you would like to receive the screening results:

- In-person
- Confidentially distributed, at the time you pick up your child, by the childcare employees

- 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

Parent/Guardian Phone Number

Parent/Guardian Email Address

Date

If you have any questions or would like more information about the screening program, please contact the Pediatric Partners screening specialist at (701) 232-2340 or info@pediatricpartnersclinic.com.