



Parent/Guardian Consent to Share Developmental Screening Information

What is Watch Me Grow (WMG)? WMG is a FREE statewide developmental screening to help your family ensure that your young child is learning and growing as expected. It includes questionnaires called Ages & Stages Questionnaires (ASQ) for you to answer about your child's development

Why does WMG collect information about my child and family? WMG collects information about your child and family for several important reasons. First, it helps us to connect your family to information and resources that you may want or need. Second, it helps us learn about how NH's young children are developing and learning. Third, it helps us determine how effective we are in meeting the needs of NH families. Finally, it helps us obtain ongoing funding so that WMG can keep offering free developmental screening activities to NH families like yours.

What information does Watch Me Grow collect and how is it used? With your permission, WMG collects two types of information:

- 1) **General information** is collected that **does not identify your child**. It includes the following data that your local WMG agency will enter into our system:
 - ◆ A non-identifying code for your child. This is created using your child's initials and birthdate. For example, Katlyn Jones, born on December 11, 2013, would be listed as katjo12112013.
 - ◆ What screening tool was used (for example, the ASQ-12 month questionnaire)
 - ◆ The results of the screening
 - ◆ Basic information about your child, including race, gender and language
 - ◆ Information about referrals (if any)
 - ◆ Whether or not the information was shared with your child's health care provider
 - ◆ Whether or not your child already receives developmental services (to prevent duplication)

Your local WMG agency and the NH Department of Health and Human Services will use the data to show important information such as how many children were screened and how many referrals were made. We will also use the information to improve WMG.

- 2) **Child and family-specific screening information**. Your local WMG agency will ask your permission to share your child's screening information with his or her health care provider. WMG may also ask if it is okay to share screening information with your child's school, child care or other programs that care about your child's development. Screening information includes two things. First, it includes the completed ASQ questionnaire(s). Second, it includes any recommended referrals *that you agree may be helpful to your family*. **Identifying information about your child/family and recommended referrals will never be shared without your permission.**

Why is it important to share my child's screening information? Your child's health care provider is a critical part of his or her care. It is important that he or she be informed about your child's developmental screening so that this information may become part of your child's health record. **Other providers, like your child's school or child care program**, may use your child's screening information to better help him or her learn and grow. Sharing this information will also help make sure that your child doesn't receive the same screening twice. If you

would like us to share your child's screening information with the health care or other provider, your local WMG agency will need your permission to do so, along with your child's name.

What if I don't give WMG my permission to include or share my child's information? Your child may participate in screenings even if you do not give your permission to include his or her information in the WMG system or to share it with your child's health care or other providers.

Please check your preferences below:

1) Sharing Non-Identifying Information with the WMG System

- I give permission to include my child's non-identifying information in the WMG system.
- I do not give permission to include my child's non-identifying information in the WMG system.

2) Sharing Your Child's Screening Information with the Health Care Provider

- I give permission for WMG to share screening information with my child's health care provider.
- I do not give permission for WMG to share screening information with my child's health care provider.

Name/address of health care provider (if applicable):

Phone/ Fax number: _____

Child information: Name: _____ Date of birth: _____

Race (optional): _____ Gender: Male Female

3) Sharing Your Child's Screening Information with Other Providers (Leave blank if not applicable)

- I give permission for WMG to share my child/family's screening information with the following:

Name of Organization: _____

Address/Phone: _____

Name of Organization: _____

Address/Phone: _____

.....
Name of parent or guardian (please print): _____

Parent/guardian signature

Date

Consent is valid for one year of parent/guardian signature date, unless permission is withdrawn prior to that date.