



Ages and Stages Screening Program Parent Permission Form

Dear Parent,

As Keystone Stars participants, we have agreed to participate in an exciting screening program that administers the Ages and Stages Questionnaire to the children in the facility. With your permission and participation, you and your child's teacher will administer a reliable and well-respected two-part screening instrument, the Ages and Stages Questionnaire-3 (ASQ-3) and the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE). The results will allow you and your child's teacher to monitor his/her development while enrolled at the center. If you agree to participate in this project, please complete the form below.

I hereby provide my permission for my child: _____
to be included in the Ages and Stages Screening program.

Parent Signature: _____ Date: _____