Dear [Mr./Ms. Client Name]:

Do you want to learn more about your child’s development? The Ages & Stages Questionnaire (ASQ) can help determine if your child’s development is on schedule. The ASQ will tell you about your child’s strengths and any areas of concern. Ongoing screening during the first five years of life will help you address any areas of concern. Children ages birth through 5 1/2 years can participate in ASQ screening.

We will continue to contact you and ask you to complete other ASQ questionnaires. If your child is less than 3 years old, we will contact you every two or three months. If your child is between the ages of 3 and 5 years, we will contact you every 6 months. You do not have to pay to participate in ASQ screening.

If you would like to screen your child, we ask you to complete the enclosed questionnaire. We have also included a postage paid envelope for you to mail the completed questionnaire back to us. There are about 30 questions on the ASQ. It takes about 10-30 minutes to answer all of the questions. We will contact you and tell you what the ASQ says about your child’s development. If your child’s ASQ score shows the need for further assessment or referral, we will give you information about community resources.

You do not have to do ASQ screening. You can agree to complete the questionnaire now and change your mind later. It is OK to stop completing questionnaires whenever you want. You cannot lose your social services benefits based on what you decide about the ASQ. There are no penalties if you choose not to participate.

If you do ASQ screening, your name and address and your child’s ASQ score, name, and birthdate will be added to the ASQ data system. Brookes Publishing Company owns the data system. Brookes Publishing Company says that all information about you and your child will be kept private and cannot be shared without your say so.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_will store paper copies of your completed questionnaires in a locked filing cabinet in a locked room for [how long] and then destroy them. We try to make sure that everyone who needs to see your information keeps it confidential and uses it only to help your child.

You can call [need the name of a person and a phone number] to have your questions answered, get help to complete the questionnaire, or tell us you changed your mind about doing the ASQ screening.

Sincerely,

Johnny Q. Stage

Child Care Program Director

\_\_\_\_\_\_\_\_\_\_ Department of Social Services

**Interpreter and Translation Services Statement**

English is not my first language. Interpreter and or translation services were offered and provided to me:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  |  | No |  |  | English in my first language |

**Signatures**

My signature below means that:

1. I have read and understand this letter.
2. I have been given all the information I asked for about the ASQ.
3. All my questions have been answered.

I agree to have my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_participate in ASQ

 Print your child’s name

Screening. The completed questionnaire is enclosed.

 I do not agree to have my child participate in ASQ screening.

Parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print parent or guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_