



CONSENT FOR SECONDARY ASSESSMENT (to be used ONLY if recommended by CSQI)



Child's Name: _____ Date of Birth: ____ / ____ / ____

Early Head Start/Head Start (EHS/HS) Social-Emotional/Mental Health services, which address social-emotional wellness, begin with parents being informed and involved in the development of a service plan. The current plan to address your child's social-emotional wellness includes:

- A developmental and social-emotional screening (ASQ-3/ASQ-SE 2)
- Review of available or relevant child and parent information

If EHS/HS feels that my child needs further assessment in social-emotional development, I hereby authorize Neighborhood House Association EHS/HS to conduct an assessment on my child. I can ask for a copy of the results and meet with appropriate staff to review the assessment and recommendations. I have been informed of my rights and encouraged to become actively involved in the planning process based on the needs of my child. Furthermore, I understand that a summary report of the assessment is placed in my child's file. All material that I disclose is confidential and cannot be released without my written consent, except where disclosure is required by law. Disclosure may be required in the following cases: reasonable suspicion of child or elder abuse or reasonable suspicion that a person is a danger to self or others.

Parent/Legal Guardian (Print)

Parent/Legal Guardian (Sign)

____ / ____ / ____
Date

Staff (Print)

Staff (Sign)

____ / ____ / ____
Date