

Child's Name _____

D.O.B. _____

Child Outreach Screening- Parental Consent

Child Outreach is a developmental screening system designed to screen all 3-5 year olds annually prior to kindergarten entry. Children are screened in the areas of vision, hearing, general development, speech/language, and social/emotional development. Child Outreach is an important first step in the identification of children who may require further evaluation or intervention. Accordingly, _____ Public Schools conducts a Child Outreach screening program. Parents will receive a summary of Child Outreach screening results by mail. All personal information and screening results collected during the screening process are treated in strictest confidence.

The Department of Education is responsible for the general supervision of the Child Outreach Screening Program. The Department of Health maintains the KIDSNET data system, which hosts Child Outreach data on behalf of Rhode Island public school systems. KIDSNET, a secure database, also includes children's vaccinations, lead screenings, preventive health services, and other developmental screenings. The information in KIDSNET can be used to coordinate care, assure that preventive health services are provided, and identify children who may need medical and/or developmental support. No personal information or screening results however will be released without your written consent to anyone other than personnel in the public school district in which you reside and the Rhode Island Department of Elementary and Secondary Education and the Rhode Island Department of Health for regulatory purposes.

1. I have read the above statements and give permission for my child to be **screened** by the _____ Public Schools' Child Outreach program and for the results and recommendations of the screening, including any necessary special education referral and eligibility determination, to be included in the Child Outreach database within KIDSNET.

Parent/Guardian Signature _____ **Date** _____

2. I have read the above statements and give Child Outreach and the Department of Health/KIDSNET permission to share the results and recommendations of my child's screening, including any necessary special education referral and eligibility determination, with his/her **primary care provider (doctor)** for the purposes of coordinating care, assuring the provision of preventative health services and identifying children who may need medical and/or developmental support.

Parent/Guardian Signature _____ **Date** _____

Doctor's Name: _____
Office or Practice Name: ex. North Bay Pediatrics _____
Phone Number: _____
Address: _____

3. I have read the above statements and give Child Outreach and the Department of Health/KIDSNET permission to share the results and recommendations of my child's screening, including any necessary special education referral and eligibility determination, with his/her **preschool/childcare program** for the purposes of educational planning.

Parent/Guardian Signature _____ **Date** _____

Name of Preschool/Childcare Program: _____
Phone Number: _____

Consent in effect from September 2018 - September 2019

You have the right to revoke consent at any time by contacting your local school district. You also have the right to inspect your child's education records and to request that KIDSNET correct any information that you believe is inaccurate.

The RI Special Education Procedural Safeguards Notice Model Form, which explains parents' rights under Part B of the Individuals with Disabilities Education Act, can be found at <http://www.ride.ri.gov/Portals/0/Uploads/Documents/Students-and-Families-Great-Schools/Special-Education/Special-Education-Regulations/RI-Special-Education-Procedural-Safeguards-Notice-Model-Form.pdf> .

If you have any questions about parental rights, including consent to screen, please contact RIDE's Special Education Call Center at 401-222-8999