

Child's Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

### Rhode Island 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. The general development and social-emotional screens may be questionnaires completed by the parent/guardian and/or foster parent. If the child is in school and additional information is needed, the child's teacher will also complete the questionnaires. Child Outreach is an important first step in the identification of children who may require further evaluation or intervention. Accordingly, public school systems within the state of Rhode Island conduct Child Outreach screening programs. Parents, guardians, and when applicable, foster parents and DCYF Caseworkers, will receive a summary of Child Outreach screening results. All personal information and screening results collected during the screening process are treated in the 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 written consent to anyone other than personnel in the public school district in which your child resides and the Rhode Island Department of Elementary and Secondary Education, the Rhode Island Department of Health for regulatory purposes, and when applicable the Department of Children, Youth and Family for children in foster care.

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1. I have read the above statements and give permission for my child to be **screened** by a 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 2026 - September 2027*

*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 <https://ride.ri.gov/sites/g/files/xkgbur806/files/2024-02/ProceduralSafeguardsNotice%202.1.24.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