



**BISMARCK PUBLIC SCHOOLS
SELECTIVE SCREENING: PRIOR NOTICE AND CONSENT
BECEP**

Child's Name: _____ DOB: _____
 Parent: _____ Date: _____
 Address: _____ Phone: _____

OPTION 1:

___ As part of the registration process for Head Start, and with your permission, a developmental screening will be conducted with your child. This screening of your child's overall development will include the following screening tools: Brigance Preschool Screen-II or Developmental Indicators for the Assessment of Learning (DIAL 4) and the Devereux Early Childhood Assessment (DECA).

OPTION 2:

___ A parent or BECEP staff member may request that a selective screening be conducted with a child based on concerns about the child's development. Based on concerns, a selective screening will be conducted using the following screening tools:

- ___ Brigance Preschool Screen-II
- ___ Developmental Indicators for the Assessment of Learning (DIAL 4)
- ___ Speech/Language Informal Screening
- ___ Fluharty-2 Speech and Language Screening
- ___ Hodson Assessment of Phonological Patterns (Screening) – 3
- ___ Other: _____

OPTION 3:

___ A parent may request that his/her child be enrolled as a "Community Friend" in a BECEP classroom. As part of the eligibility process for "Community Friends", a developmental screening will be conducted using the following tools:

- ___ Brigance Preschool Screen-II
- ___ Developmental Indicators for the Assessment of Learning (DIAL 4)
- ___ Speech/Language Informal Screening
- ___ Fluharty-2 Speech and Language Screening
- ___ Hodson Assessment of Phonological Patterns (Screening) – 3
- ___ Other: _____

PLEASE CIRCLE THE ANSWER TO THE FOLLOWING STATEMENT:

YES NO I understand the reason for the proposed screening of my child, and CONSENT to the screening. I understand that my consent may be revoked at any time.

If you agree to have your child participate in this screening, please sign/date this form:

Signature of Parent/Guardian Date