

Dear Parent/Guardian:

Delaware Stars is now requiring all 5 star level centers to participate in the Ages and Stages Developmental Screening Program. This year, Bethesda Child Development Center will be using the Ages and Stages Questionnaires, Third Edition (ASQ-3) and Social Emotional (ASQ:SE-2) to help you track your child's development. The questionnaires include questions about your child's communication, gross motor, fine motor, problem solving, personal social skills and social emotional skills in addition to questions about some of your child's behaviors. The questionnaires may be used to inform goal and lesson planning for your child.

Questionnaires are available online for quick and easy completion and paper copies will be available for those who request them. Participation in the Ages and Stages Developmental Screening Program requires you to complete BOTH questionnaires for your child. You may access and complete the surveys at the following URLs:

Ages and Stages Social Emotional Questionnaire - <https://www.asqonline.com/family/a2c46d>

Ages and Stages Third Edition Questionnaire - <https://asqonline.com/family/005edd>

Please indicate below if you will participate in the Ages and Stages Developmental Screen Program this year. See your child's teacher with any questions.

Sincerely,

Bethesda Child Development Center

_____ I have read the information provided about the Ages and Stages Questionnaires, ASQ-3 and ASQ-SE and I wish to have my child participate in the screening/monitoring program. I will fill out both questionnaires about my child's development online or promptly return the completed questionnaires by the due date.

_____ I do not wish to participate in the screening/monitoring program. I have read the provided information about the Ages and Stages Questionnaires, ASQ-3 and ASQ-SE, and I understand the purpose of this program.

Parent's or guardian's signature: _____

Date: _____

Child's name: _____

Child's date of birth: _____

If child was born 3 or more weeks prematurely, # of weeks premature: _____

Child's primary physician: _____

****Please return the bottom portion of this page to the office as soon as possible.**

****If you choose to participate, please complete both questionnaires as soon as possible.**