Child's First Name: _____Child's Last Name_____ D.O.B._____

Parent/Guardian Email: _____ Parent/Guardian Phone: _____

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. 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, Barrington 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 Barrington 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 2023 - September 2024

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

PARENT/GUARDIAN CONSENT TO ACCESS MEDICAID FUNDS

Today's Date:		
Student's Name:	**DOB:**	**Grade:**
Parent/Guardian First Name:	**Parent/Guardian Last Name:**	
Parent/Guardian Address:		
City:	**State:**	**Zip Code:**

Background:
The Barrington Public Schools provides special education and related services as a free and appropriate public education (FAPE), **at no cost to the parents**, in the least restrictive environment (LRE). The [LEA] can seek reimbursement through Medicaid for some special education services for students who are eligible for Medicaid benefits. Section 300.154 of the Rhode Island Board of Education's Regulations Governing the Education of Children with Disabilities Education requires that the [insert LEA] receive your **written informed consent** in order to seek Medicaid reimbursement for certain special education services. Before you give or deny consent, please read the following:

Please check all of the following (this is informed consent):

☐ **I understand** that giving my consent to the district to access Medicaid reimbursement for services provided to my child **will not impact** my ability to access these services for my child outside the school setting.

☐ **I understand** this consent **does not include consent for assistive technology devices.** The district needs a **separate consent form** when accessing reimbursement for any assistive technology device.

☐ **I understand** that services in my child's IEP must be provided at **no cost** to me, whether or not I give consent to bill Medicaid. [If I refuse consent or if I revoke (withdraw) this consent, the school district is still responsible to provide special education and any related services identified for my child through the special education eligibility processes and these services will be provided at **no cost** to me. This includes no costs for co-pays, deductibles, loss of eligibility or impact on lifetime benefits.]

☐ **I understand that my consent is <u>voluntary</u>** and I may revoke (withdraw) my consent **in writing** at anytime after it is given. If I revoke (withdraw) my consent, the school department will no longer bill Medicaid from the date the written revocation (withdrawal) of consent is received by the district.

☐ **I understand** that the district follows both the Health Insurance Portability and Accountability Act (HIPAA -- the federal health privacy act) and the Family Educational Rights and Privacy Act (FERPA -- the federal education privacy act) requirements to protect my confidential information and that Medicaid funds received by the district directly support education in our district.

Permission given or denied (please check one):

☐ **I give permission** to the district to share information about my child with the state Medicaid Agency, its fiscal agent, and the district's Medicaid billing agent. The information shared may include my child's name, date of birth, address, primary special education disability, Medical Assistance Identification number (MID), and the type and amount of health services provided. Services may include personal care, assistive technology services, day program treatment, residential program treatment, child outreach screening, transportation, and services and/or evaluations provided by physical therapists, occupational therapists, speech, hearing and language therapists, licensed psychologists, social workers and nurses.

☐ **I do not give permission** to the district to share information about my child in order to seek Medicaid reimbursement for services provided to my child.

Parent/Guardian Signature **Date**

<u>PLEASE PRINT</u> Parent/Guardian Name

BARRINGTON PUBLIC SCHOOLS
283 County Road
Barrington, Rhode Island 02806
Tel: 401-247-3145 Fax: 401-247-3169

Kristen Matthes, M.Ed.
Director of Pupil Personnel Services

Child's Last Name:	Middle Initial:	First Name:	Date of Birth:
Name child prefers to be called:			
Child's Birthplace:			
#1- Parent ☐ Guardian ☐ Foster Parent ☐ First Name: Last Name:		#1- Parent ☐ Guardian ☐ Foster Parent ☐ Name: ____ Check here if you'd like additional results sent to this parent/guardian.	
Street Address: City: State: Zip:		Address (if different then parent 1):	
Mailing Address (if different):		Mailing Address (if different):	
Primary Phone Number:		Primary Phone Number:	
Alternate Phone Number:		Alternate Phone Number:	
Email Address:		Email Address:	
Other children living in household 1: Name: _____ D.O.B.: _____ Name: _____ D.O.B.: _____ Name: _____ D.O.B.: _____		Other children living in household 2: Name: _____ D.O.B.: _____ Name: _____ D.O.B.: _____ Name: _____ D.O.B.: _____	
Who does the child live with?		Child's Primary Language:	
Does your child currently receive Public School Special Education services? Yes ____ No ____ Does your child currently receive Private Therapy services? Yes ____ No ____			
Did your child receive Early Intervention services? Yes ____ No ____			
Do you have any concerns with your child's development? (Please explain)			
Additional Relevant Health Information:			

Child's Development

Does your child…*(please check all that apply)*?

- ❒ use crayons or markers to scribble or draw without help
- ❒ run, jump, move, catch, throw as well as other children his/her age
- ❒ play with blocks, construction toys or small objects w/o help
- ❒ entertain himself/herself for short periods of time (other than watching TV or playing video/computer games)
- ❒ bump into things
- ❒ listen to stories being read
- ❒ understand what people say to him/her
- ❒ follow simple, age-appropriate directions
- ❒ pronounce sounds as well as other children his/her age
- ❒ speak in sentences as well as other children his/her age
- ❒ describe/relate recent stories or events
- ❒ communicate so that others can understand his/her needs; ideas
- ❒ repeat sounds or get stuck on sounds (stuttering)
- ❒ Distorts sounds or substitutes one sound for another

  If yes, please describe

- Is your child overly sensitive or bothered by certain types of clothing, food textures, sounds, etc? ❒ Yes ❒ No

  If yes, please describe

Does your child currently attend preschool? Yes ____ No ____ Name of Preschool: _____

Times attending: Monday ____ AM ____ PM *(please check all that apply)*

Tuesday ____ AM ____ PM

Wednesday ____ AM ____ PM

Thursday ____ AM ____ PM

Planned Kindergarten School:_____

RI Department of Education Home Language Survey

The information requested on this form is necessary for the most appropriate placement for your child as required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f)) and will not be used for any other purposes. Thank you for your cooperation.

Child's Age When First Exposed to English: _____

Does child talk? ☐ No ☐ Yes, Single Words ☐ Yes, Puts 2-3 Words Together ☐ Yes, Sentences

Family's Country of Origin**:** _____ Number of Years Family Has Lived in the USA _____

<u>Home Language Information</u>:

1. What language did the child first learn to speak? ☐ English ☐ Spanish ☐ Both ☐ Other: _____

2. What language does the child speak most often? ☐ English ☐ Spanish ☐ Other: _____

3. What language is spoken to the child most often? ☐ English ☐ Spanish ☐ Other: _____

4. Does anyone else care for the child during the week (*ex. grandparents, babysitter, etc.*)? ☐ No ☐ Yes

   If so, what language does he/she speak most often? ☐ English ☐ Spanish ☐ Both ☐ Other:

5. What language is used most often when parents speak to each other? ☐ English ☐ Spanish ☐ Both ☐ Other:

6. What language(s) does the child use most often when speaking with the following people?

   Parents: ☐ English ☐ Spanish ☐ Both ☐ does not talk yet ☐ other:

Siblings: ☐ English ☐ Spanish ☐ Both ☐ does not talk yet ☐ other:

Relatives: ☐ English ☐ Spanish ☐ Both ☐ does not talk yet ☐ other:

Friends: ☐ English ☐ Spanish ☐ Both ☐ does not talk yet ☐ other:

Language Exposure

7. Does/Did the child attend school or receive Early Intervention? ☐ No ☐ Yes, Head Start ☐ Yes, Preschool ☐ Yes, EI

Name of school or EI: _____

What language is/was used? ☐ English ☐ Spanish ☐ Both ☐ Other: _____

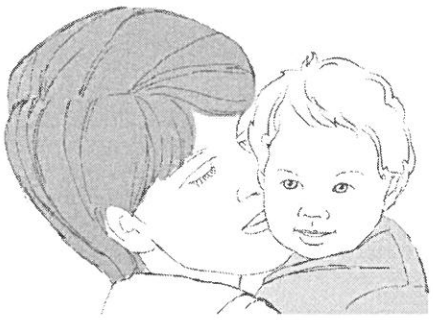
8. What language is the child exposed to or uses most often during the following activities?

Books/Storytelling ☐ English ☐ Spanish ☐ Both ☐ Other:

TV/Radio: ☐ English ☐ Spanish ☐ Both ☐ Other:

Computer/Video games: ☐ English ☐ Spanish ☐ Both ☐ Other:

Play: ☐ English ☐ Spanish ☐ Both ☐ Other:



48 Month Questionnaire

42 months 0 days through 53 months 30 days

ASQ:SE-2
Ages & Stages Questionnaires®
Social-Emotional
SECOND EDITION

Date ASQ:SE-2 completed: _____

Child's information

Child's first name: | Child's middle initial: | Child's last name:

Child's date of birth:

Child's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: | Middle initial: | Last name:

Street address:

City: | State/ province: | ZIP/postal code:

Country: | Home telephone number: | Other telephone number:

E-mail address:

Relationship to child: ◯ Parent ◯ Guardian ◯ Teacher ◯ Other: _____
◯ Grandparent/ other relative ◯ Foster parent ◯ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Child's ID #: | Age at administration in months and days:

Program ID #:

Program name:

P201480000

48 Month Questionnaire *42 months 0 days through 53 months 30 days*

ASQ:SE-2

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your child's behavior. Also, check the circle ⊘ if the behavior is a concern.

Important Points to Remember:

- ☐ Answer questions based on what you know about your child's behavior.
- ☐ Answer questions based on your child's *usual* behavior, not behavior when your child is sick, very tired, or hungry.
- ☐ Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- ☐ Please return this questionnaire by: _____
- ☐ If you have any questions or concerns about your child or about this questionnaire, contact: _____
- ☐ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to him?	☐ z	☐ v	☐ x	◯ v	_____
2. Does your child cling to you more than you expect? 	☐ x	☐ v	☐ z	◯ v	_____
3. Does your child talk or play with adults she knows well?	☐ z	☐ v	☐ x	◯ v	_____
4. When upset, can your child calm down within 15 minutes?	☐ z	☐ v	☐ x	◯ v	_____
5. Does your child like to be hugged or cuddled? 	☐ z	☐ v	☐ x	◯ v	_____
6. Does your child seem too friendly with strangers?	☐ x	☐ v	☐ z	◯ v	_____
7. Does your child settle himself down after exciting activities?	☐ z	☐ v	☐ x	◯ v	_____
8. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior. Also, check the circle ⊘ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
9. Is your child interested in things around her, such as people, toys, and foods? 	☐ z	☐ v	☐ x	◯ v	_____
10. Does your child stay dry during the day?	☐ z	☐ v	☐ x	◯ v	_____
11. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	☐ x	☐ v	☐ z	◯ v	_____
12. Do you and your child enjoy mealtimes together?	☐ z	☐ v	☐ x	◯ v	_____
13. Does your child do what you ask her to do?	☐ z	☐ v	☐ x	◯ v	_____
14. Does your child seem happy?	☐ z	☐ v	☐ x	◯ v	_____
15. Does your child sleep at least 8 hours in a 24-hour period?	☐ z	☐ v	☐ x	◯ v	_____
16. Does your child seem more active than other children his age?	☐ x	☐ v	☐ z	◯ v	_____
17. Does your child use words to tell you what she wants or needs?	☐ z	☐ v	☐ x	◯ v	_____
18. Does your child stay with activities he enjoys for at least 10 minutes (other than watching shows or videos, or playing with electronics)?	☐ z	☐ v	☐ x	◯ v	_____
19. Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad?"	☐ z	☐ v	☐ x	◯ v	_____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior.
Also, check the circle ◎ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
20. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	☐ z	☐ v	☐ x	◯ v	_____
21. Does your child explore new places, such as a park or a friend's home?	☐ z	☐ v	☐ x	◯ v	_____
22. Does your child do things over and over and get upset when you try to stop him? For example, does he rock, flap his hands, spin, or _____? (Please describe.) _____ _____	☐ x	☐ v	☐ z	◯ v	_____
23. Does your child hurt herself on purpose?	☐ x	☐ v	☐ z	◯ v	_____
24. Does your child follow rules at home or at child care?	☐ z	☐ v	☐ x	◯ v	_____
25. Does your child destroy or damage things on purpose?	☐ x	☐ v	☐ z	◯ v	_____
26. Does your child stay away from dangerous things, such as fire and moving cars?	☐ z	☐ v	☐ x	◯ v	_____
27. Can your child name a friend?	☐ z	☐ v	☐ x	◯ v	_____
28. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt? 	☐ z	☐ v	☐ x	◯ v	_____
29. Do *other* children like to play with your child?	☐ z	☐ v	☐ x	◯ v	_____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior. Also, check the circle ⊘ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
30. Does *your child* like to play with other children? 	☐ z	☐ v	☐ x	◯ v	_____
31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	☐ z	◯ v	_____
32. Does your child show an unusual interest in or knowledge of sexual language and activity?	☐ x	☐ v	☐ z	◯ v	_____
33. Does your child wake three or more times during the night?	☐ x	☐ v	☐ z	◯ v	_____
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	☐ x	☐ v	☐ z	◯ v	_____
35. Does your child have simple back-and-forth conversations with you? For example, Parent: "It's raining!" Child: "And cold outside." Parent: "Let's get your coat." Child: "I got it!"	☐ z	☐ v	☐ x	◯ v	_____
36. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

37. Do you have concerns about your child's eating, sleeping, or toileting habits? If yes, please explain: ◯ YES ◯ NO

38. Does anything about your child worry you? If yes, please explain: ◯ YES ◯ NO

39. What do you enjoy about your child?