



## CSUDH Infant-Toddler Development Center

### Screenings and Assessments Permission Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check here if you prefer that your child **NOT** be screened.

Check here if you prefer that your child **NOT** be assessed.

My child may be screened using the Ages and Stages Developmental screening.

Yes  No

My child may be screened using the Ages and Stages Social/Emotional screening.

Yes  No

My child may be assessed using the Hawaii Early Learning Profile (HELP) - **Regional Applicants Only**.

Yes  No

My child may be assessed using the Desired Results Developmental Profile (DRDP).

Yes  No

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date