

Centre Name: _____

**Diagnostic Inventory for Screening Children (DISC)
DISC Preschool Screen (DPS) Consent Form**

Once a year, a developmental screening tool is completed with each child in the centre called the DISC Preschool Screen (DPS). It is a simple 15 – 20-minute developmental checklist based on 12 items, using specific materials on a 1:1 basis.

Based on the results of the DISC Preschool Screen, one of the following suggestions will be made:

- No further developmental screening is recommended (annual screening)
- A referral to a Resource Consultant is recommended for follow up with second stage screening with Diagnostic Inventory for Screening Children (DISC and DPS)
- Recommend alternate screening tool.

We are requesting your consent to have our staff complete the DISC Preschool Screen (DPS) with your child. The results will be shared with you. Do you consent?

Child's Name

Birthdate

Year: _____

I consent I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Date of completion: _____

Completed by: _____

Scoring Outcome (Score out of 12): _____

- Recommendation:
- No further developmental screening is recommended at this time
 - Recommend referral to Resource Consultant
 - Parent/guardian consents to referral
 - Parent/guardian declines referral
 - Recommend completion of Behaviour C.A.R.E. Checklist

Parent/Guardian Signature

Educator/Supervisor

Date: _____

Date: _____

Year: _____

I consent I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Date of completion: _____

Completed by: _____

Scoring Outcome (Score out of 12): _____

Recommendation: No further developmental screening is recommended at this time
 Recommend referral to Resource Consultant
 Parent/guardian consents to referral
 Parent/guardian declines referral
 Recommend completion of Behaviour C.A.R.E. Checklist

Parent/Guardian Signature

Educator/Supervisor

Date: _____

Date: _____

Year: _____

I consent I do not consent

Signature of Parent/Guardian

Signature of Witness

Date: _____

Date: _____

Date of completion: _____

Completed by: _____

Scoring Outcome (Score out of 12): _____

Recommendation: No further developmental screening is recommended at this time
 Recommend referral to Resource Consultant
 Parent/guardian consents to referral
 Parent/guardian declines referral
 Recommend completion of Behaviour C.A.R.E. Checklist

Parent/Guardian Signature

Educator/Supervisor

Date: _____

Date: _____