Centre Name:		
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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 staf The results will be shared with you. Do you conse	ff complete the DISC Preschool Screen (DPS) with your child. ent?
Child's Name	Birthdate
Year: I do not consent	
Signature of Parent/Guardian	Signature of Witness
Date:	Date:
Date of completion:	Completed by:
Scoring Outcome (Score out of 12):	
☐ Recommend referral to ☐ Parent/guard☐ Par	ental screening is recommended at this time to Resource Consultant lian consents to referral lian declines referral cion of Behaviour C.A.R.E. Checklist
Parent/Guardian Signature	Educator/Supervisor
Date:	Date:



□ I consent □ I c	do not consent	
Signature of Parent/0	Guardian	Signature of Witness
Date:		Date:
Date of completion:		Completed by:
Scoring Outcome (Scoring	ore out of 12):	
Recommendation:	☐ Recommend refe ☐ Parent/g ☐ Parent/g	opmental screening is recommended at this time erral to Resource Consultant guardian consents to referral guardian declines referral appletion of Behaviour C.A.R.E. Checklist
Parent/Guardian Sigr	nature	Educator/Supervisor
Date:		
		Date:
Year: □ I consent □ I c		Date:
Year:	do not consent	Signature of Witness
Year: I consent I consent Signature of Parent/0	do not consent	Signature of Witness
Year: I consent	do not consent Guardian	Signature of Witness Date:
Year: I consent I consent Signature of Parent/C Date: Date of completion:	do not consent Guardian	Signature of Witness Date: Completed by:
Year: I consent I consent Signature of Parent/C Date: Date of completion:	ore out of 12): No further develo Recommend refe	Signature of Witness Date: Completed by:
Year: I consent Signature of Parent/C Date: Date of completion: Scoring Outcome (Scoring Outcome)	ore out of 12): No further develo Recommend refe Parent/g Parent/g Recommend com	Signature of Witness Date: Completed by: opmental screening is recommended at this time erral to Resource Consultant quardian consents to referral suardian declines referral

