

Ages and Stages Questionnaire (ASQ) using Sparkler Consent Form

Dear Parent/Caregiver,

As your child's provider, _____ would like to complete the Ages & Stages Questionnaire (ASQ) with your child. The ASQ is a research based developmental screening tool that can identify your child's strengths, uncover new milestones to celebrate, and reveal any areas where your child may need support. It can also help caregivers understand your child's development and what to look for next.

By giving consent, you grant permission for _____ to create an account for you and your child in Sparkler. You understand and agree that information collected through the screening process will be entered in Sparkler by _____ as a Sparkler Sponsoring Partner (i.e. early care and education provider, school, pediatrician). Responses to the ASQ will only be viewed by you; employees of the Sponsoring Partners who are involved in providing the service for you and your child; Educational Service Center of Northeast Ohio/Bright Beginnings and its subcontractors as the Help Me Grow Central Intake and Referral system for the state of Ohio; and the Ohio Department of Children and Youth .

All Sponsoring Partners are subject to the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA). The full Sparkler privacy policy and terms of service can be found at <https://playsparkler.org/privacy-policy-2/>.

A Sponsoring Partner's access and authority is limited only to those accounts which it supports. Parents may opt out of using _____'s access code in order to remove access and switch to using access code OH at any time within the Sparkler app to continue to receive access to the services at no cost.

If you later decide to download the Sparkler: Play for Parenting app, your child's profile will be linked and shared with you. Parents and Sparkler account holders can only view the profiles of children they have created and/or that have been shared with them by another Sparkler user.

I have read the information above, agree to all terms, and wish to have _____ complete the questionnaire(s) using Sparkler at no cost to me.

Child's Name: _____ Child's Date of Birth: _____

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____