How is your child developing?

Hi‘ilei Hawaii is a free resource for parents of children from birth to 5 years old. Hi‘ilei Hawaii provides developmental screening and information for families who are interested in supporting their young child to reach optimal development.

Note: Children/families receiving Early Intervention services have developmental support and a referral to Hi‘ilei is not needed.

What is development?
Children grow and develop throughout their life. Early skills include smiling for the first time, waving “bye bye”, and taking a first step. As they grow older, children develop more skills as they play, learn, speak, socialize, and move.

What is a developmental screening?
A developmental screen is a simple set of questions about what a child can do. It can help families to know whether a child is developing like other children of the same age.

How is a child developing? Where can a child get developmental screening?

- **Child's Doctor or Health Care Provider:** Talk with the child’s doctor about his/her development, especially if there are concerns. Health care providers usually perform a developmental screening when a child is 9, 18, 24, 30, or 36 months old as part of the well-child visit.
- **Hi‘ilei Hawai‘i:** Families may also enroll in Hi‘ilei Hawaii to check how their child is developing.

How does Hi‘ilei Hawaii work?
A family may enroll by completing the Hi‘ilei Enrollment Form and sending it to Hi‘ilei Hawaii. OR, a family may complete an online screen by going to the Hi‘ilei Hawaii website at http://health.hawaii.gov/cshcn/hiileihawaii/.

- A developmental screen will be mailed to the family every 3 to 6 months. The family then completes the screen and returns it to the program (or completes an online screen).
- Ideas for fun ways to help a child develop will be shared with the family. The family may also receive information about community programs and activities.
- If there is a concern about a child’s development, the family will be contacted about possible next steps.
- If a family consents, Hi‘ilei Hawaii will share information with a child’s doctor. Doctors may also help in following the child’s development.

Participation is VOLUNTARY and at NO COST to families.

Hi‘ilei Hawaii
Children with Special Health Needs Branch
Hawaii State Department of Health
741 Sunset Avenue, Honolulu, HI 96816
Phone: (808) 733-4971
kim.murphy@doh.hawaii.gov

A note to parents: Your child’s doctor is your medical home. Make sure you take your child to well-child visits, talk to your pediatrician about how your child is doing, and share any concerns you may have about your child’s development.
Hi‘ilei Hawaii Enrollment Form

Parent/Legal Guardian Name ______________________________________________________

Street ...................................................................................................................................

City __________________________________________________________ Zip code ______________________

Phone ____________________________ Email ________________________________

Child Name _______________________________________________ Male □ Female □

Date of birth ________________

Was your child born early? □ Yes □ No If YES, by how many weeks? ____ weeks

(Based on a 40 week pregnancy)

Do you need an interpreter? □ Yes □ No If YES, what language? ____________________________

Who referred you to Hi‘ilei Hawaii?

□ Self □ Early intervention program □ Child care program

□ Other __________________________________________________________

Name/Agency/Program

Sharing information with doctor

I consent to Hi‘ilei Hawaii sharing information about my child’s developmental screen results and
follow-up recommendations with my child’s doctor. □ Yes □ No

If YES, please provide information:

Name of child’s doctor ________________________________________________________________

Name of clinic or health center __________________________________________________________

Street __________________________________________________________ Phone ______________________

City _______________________________ Phone __________________________

Signature of Parent/Legal Guardian ___________________________ Date ______________

Please send form to: Hi‘ilei Hawaii

Dept. of Health/CSHNB
741 Sunset Avenue
Honolulu, HI 96816

Or Fax (808) 733-9068