



*To carry and tend to a beloved child*

## How is your child developing?

**Hi'ilei Developmental Screening Program** is a FREE resource for children birth to 5 years old. The Hi'ilei program provides developmental screens and information for families.

### 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, children develop more skills as they play, learn, speak, socialize, and move.

### What is a developmental screen?

A developmental screen is a simple set of questions about what a child can do. It helps families find out if their child is developing like other children their age.



### How is your child developing?

- **Health Care Providers:** Talk to your child’s doctor if you are worried about your child’s development. Doctors usually do a developmental screen as part of the well-child visit.
- **Hi'ilei Developmental Screening Program:** Enroll your child in the Hi'ilei program to see how your child is developing.

### How can your family enroll in the Hi'ilei program?

Enrolling is FREE! Families can complete a screen online or receive a questionnaire in the mail.



**Online option:** To complete the developmental screen online, go to:  
<https://www.asgonline.com/family/628176>



**Mail option:** Complete the Enrollment Form and send it to the Hi'ilei program. A developmental screen and pre-paid stamped envelope will then be mailed to you. Complete the developmental screen and mail it back.

### What happens after the screen is completed?

- Your family will be sent the screening results by mail or by a phone call from our staff.
- Your family will get a list of community resources and fun ways to help your child develop.
- If there is a concern about your child’s development, your family will be contacted about possible next steps.



### For more information, contact:

Kim Murphy

Phone: (808) 733-4971

Email: [kim.murphy@doh.hawaii.gov](mailto:kim.murphy@doh.hawaii.gov)

Website: <http://health.hawaii.gov/cshcn/hiileihawaii/>

# Hi'ilei Developmental Screening Program Enrollment Form

Parent/Legal Guardian Name \_\_\_\_\_  
*First name Last Name*

Street \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Child Name \_\_\_\_\_ Male Female  
*First name Last Name Nickname*

Date of birth \_\_\_\_\_

Was your child born early? No Yes If YES, by how many weeks \_\_\_\_\_ weeks *(based on 40 week pregnancy)*

Do you need an interpreter? No Yes If YES, what language? \_\_\_\_\_

## (OPTIONAL) Sharing information with the child's doctor or other program

Do you want your child's developmental screen results and follow-up recommendations to be shared with **your child's doctor**? Yes No

*If yes, please provide:*

Name of child's doctor \_\_\_\_\_  
*First name Last Name*

Name of clinic or health center \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Do you want your child's developmental screen results and follow-up recommendations to be shared with the **program that referred your child**? Yes No

*If yes, please provide:*

Name of referring program \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

I would like to enroll my child in the Hi'ilei Developmental Screening Program. Yes No

I consent for Hi'ilei Developmental Screening Program to share developmental screen results and recommendations with my child's doctor and/or referring program listed above. Yes No

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please send form to: **Hi'ilei Developmental Screening Program**  
Department of Health/CSHNB  
741 Sunset Avenue  
Honolulu, HI 96816  
Or Fax (808) 733-9068

