

Leland School District
Parent Permission for Screening

Name of Child: _____

Parent: _____

Address: _____

Phone
Number(s): _____

Dear Parent,

Your child has been recommended to our office for screening in the areas listed below. Your permission for these screenings is required to proceed. The results of these screeners will be provided to you once completed. My rights, and those of my child, have been explained to me by the Procedural Safeguards. I understand my rights and give my consent for screening.

_____ Language screening

_____ Articulation screening

_____ Screening in the Developmental areas: Physical, Adaptive, Social, Communication, and Cognitive

_____ Vision screening

_____ Hearing screening

I, _____ (Parent/Guardian), give my consent for

_____ (Name of Child) to be screened in the areas indicated.

Parent Signature

Date