

**RANDOLPH COUNTY BOARD OF EDUCATION HEAD START
PERMISSION TO PARTICIPATE IN INTERVENTIONS STRATEGIES**

Child's Name _____

Your child was screened by his/her classroom teacher using the Learning Accomplishment Profile – Diagnostic (Lap -D) Screen. He/she was screened in the areas of Gross Motor, Fine Motor, Cognitive and language.

_____ **failed the screener with a score of** _____

We would like to begin intervention strategies with your child for three weeks and then rescreen your child. If he/she fails the rescreen your child. If he/ she fails rescreen, with your permission: he/ she will for referred for further evaluation.

_____ **Yes, I agree for my child to participate in intervention strategies.**

_____ **No, I do not agree for my child to participate in intervention strategies.**

Parent/ Signature

Date

Head Start Representative