

CHRISTIAN COUNTY PUBLIC SCHOOLS

Screening Permission Form

The staff of Christian County School system strives to help all children learn and perform to their maximum potential. Occasionally, we find that some of our students can benefit from additional assistance to help meet his/her educational goals. We are requesting your permission to conduct a screening to determine if your child needs assistance in one or more of the areas checked below. We need your permission to proceed with this screening. Please complete the section below and return it to your child's teacher.

I give permission for my child, _____ ,
(date of birth _____) to be screened by qualified personnel in the
following area(s):

- Communication (Speech/Language)
- Hearing
- Vision
- Motor (OT)
- Motor (PT)
- Developmental Screening

I will be notified of screening results. If I have questions or concerns, I will notify my child's building principal at _____.

Please check YES or NO and return to your child's school.

No, I do not want my child screened.

Yes, I give permission for my child to be screened in the area(s) checked above.

Parent/Guardian Signature

Date

Address

Phone