

**PARENT COUNTY BOARD OF EDUCATION HEAD START  
CONSENT FOR CHILD TO RECEIVE SCREENINGS AND ASSESSMENTS**

I, \_\_\_\_\_, hereby give my consent for Learning Accomplishment Profile Screen (LAP – D), Teaching Strategies GOLD Assessment, Speech Screener , Peli and the Behavioral Screen to be administered to,

\_\_\_\_\_.

**Child's Name**

I understand that these screens and assessments are necessary or advised by the Head Start program and that I will be informed of the results. This consent is valid for one year from the date signed.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Date**