

Morgan County Schools

Consent to Screen

Date _____

Student Name _____

Grade _____

Teacher _____

Dear Parents,

According to the classroom teacher, your child appears to be having some academic difficulty. For us to understand your child's academic weaknesses, more information is needed. We need your permission to individually screen your child in the following areas:

_____ vision/hearing	_____ classroom/observations
_____ parent checklist	_____ prevocational checklist
_____ speech/language	_____ academic achievement

***This is not permission for Special Education Services.**

Your signature allows the school opportunities to gather additional information, which will help us to screen your child more efficiently. Please sign and date this form and return to your child's teacher as soon as possible.

Parent Signature: _____

Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____