INDEPENDENT SCHOOL DISTRICT 196 Rosemount-Apple Valley-Eagan Public Schools Educating our students to reach their full potential

Series 1	Number_	501.3P	_ Adopted_	April 199	4 Revis	sed	June 2019
Title	Consci	entious Ob	jection to	Early Child	nood Screening	<u>g</u>	
То:	Early Childhood Screening Independent School District 196 District Service Center 14301 Diamond Path Apple Valley, MN 55124						
Date:							
For:		Child's nam	e		Child's age	_	
Early C Minnes identifi	childhood Screening to assist parents and communities in improving the health of sota children and in planning educational and health programs. To ensure cation of risk factors that may influence learning, screening requirements the following areas:  • immunization assessment • developmental screening to assess development of cognitive, fine and gross motor skills, speech and language, social-emotional behavior and self-help skills • hearing and vision • height and weight • health history • summary interview						
	cons		held beliefs		lhood Screening ving my child s		
OR							
	I understand the purpose of Early Childhood Screening and due to my conscientiously held beliefs object to having my child screened in the following areas specified here:						
Signed				Re	lationship to the	e chi	ld
				Re	lationship to the	e chi	ld
(	Child Stud	y File (if one e	xists)	Cumulative	Folder	Oth	er