

SCESC Related Service Screening Consent Form

I hereby give my permission for _____(District Name) to respond to a request related to a screening/gathering of additional information for my child _____(Name of Child), _____(Date of Birth), _____(Grade), and _____(School Building).

I further understand and agree that the information collected by the school district will then be reviewed and the team may develop an intervention plan and designate the resources needed to implement these interventions.

In giving my permission, I understand that any or all of the following may occur:

- Review of Records
- Interviews with my child/parent or guardian/school staff
- Facilitated Observation (PT)
- Observation (OT)

This screening will look at the following service areas:

Hearing Vision(COMS/TSVI) Speech and Language Physical Therapy Occupational Therapy
 Fine Motor
 Sensory

Other: _____

I understand and agree that any screening(s) completed will be reviewed with the parent/guardian.

Name of Parent/Legal Guardian/Surrogate

Signature of Parent/Legal Guardian/Surrogate

Date

If you have any questions, please contact:

Notes:

This form is to be completed by the general education teacher or intervention specialist with the direct permission from the special education director or designated administrator.