Jasper City Schools
Educating Children. Improving Lives.

P.O. Box 500
Jasper, AL 35502
(205) 384-6880

PST VISION/HEARING SCREENING CONSENT FORM

Dear Parent or Guardian:

Your child, ______________________________, has been referred to the school's Problem Solving Team (PST). The PST monitors your child's classroom performance, suggests research-based interventions, and facilitates vision and hearing screenings. Such screenings are conducted by school nurses and/or qualified personnel and help determine if your child is experiencing vision or hearing problems. You will be notified via letter if your child does not pass screening. Please sign, date, and return this form to your child's teacher. If you have any questions, feel free to contact your child's teacher for assistance.

I give my consent for the school to conduct a vision/hearing screening on my child:

Child's Name: ___________________________ Teacher: ____________________

Parent's Signature: _______________________ Date: _______________________