

Aiken County Public Schools

Invitation to Child Find Screening and Evaluation Planning

Date _____

Dear Parent / Guardian / Surrogate Parent:

Your child, _____, is scheduled for a screening on _____ at _____. The screening will be conducted at _____. Please arrive on time. Your appointment will last approximately one hour. If possible, please do not bring other children with you to the appointment who are not scheduled for screening. However, if you cannot make other child care arrangements, you can still keep your appointment.

Please complete the enclosed "Demographic, Medical, Developmental, and Educational History" form, and bring it with you to your child's appointment. If your child is Medicaid eligible, you may be asked to sign a Medicaid release form; please bring your child's Medicaid card or number with you to the appointment. You may bring any other records which may be relevant to your child's functioning and needs. Such records include, but are not limited to, the following: medical records, results of vision or hearing exams, psychological evaluations, occupational therapy evaluations, physical therapy evaluations, speech-language evaluations, and an Individual Family Service Plan.

The screening will evaluate the following areas: basic concepts, speech-language, motor skills, vision, hearing, and social-emotional functioning. Immediately following the screening, you will be asked to meet with a representative of the local education agency (typically a school psychologist) and a special education teacher; other members of the screening team may participate as well. You may bring other individuals with you who have knowledge or special expertise regarding your child. The team will review the results of the screenings, and any other information that is available, and then decide whether an evaluation is necessary.

If evaluation is recommended, the purpose of that evaluation will be to determine whether your child is a child with a disability and his/her educational needs. An evaluation will not be conducted without your informed, written consent. If you request evaluation and that request is denied, the school district will provide you with a written explanation of why we refused to evaluate your child. Screenings and evaluations will be provided at no cost to you.

Enclosed is the "Procedural Safeguards Notice." This document details all of your and your child's rights with regards to screening, evaluation, and special education services. If you have questions or concerns about the screening, please contact Jane Morrow at 641-2621. If you have questions about directions or if you need to reschedule your child's screening, please contact Susan Faircloth at 641-2621. We look forward to meeting you and your child.

Sincerely,

Susan Faircloth
Preschool Secretary

Enclosures: ___ Directions
 ___ "Demographic, Medical, Developmental, and Educational History" form
 ___ "Procedural Safeguards Notice"