

Aiken County Speech Department
Letter of Permission for Screening

Student _____ School _____ Date _____

Date of Birth _____ Grade _____ Teacher _____

Parent/Guardian _____ Home Phone _____

Address _____ Work Phone _____

Dear _____,

Your child has been referred by _____ for SCREENING because he/she appears to be experiencing difficulty which may be interfering with his/her academic progress.

In order to help identify strategies that may improve your child's performance in the classroom, we wish to conduct some screenings that can help us understand why your child may be experiencing some problems at school. With your permission, we plan to conduct the following SCREENINGS:

_____ Vision Screening _____ Speech/Language Screening
_____ Hearing Screening

Members of the school faculty will conduct the screenings. This is not a referral for evaluation. If the screenings indicate that a referral for testing to determine eligibility for special education is appropriate, you will be notified for your permission to evaluate your child.

If you have any questions or concerns, please contact me at _____.

Sincerely,

Speech Language Therapist

Please sign and return this permission for SCREENING to me at your child's school as soon as possible.

_____ I GIVE permission for my child to be screened at school.

_____ I DO NOT GIVE permission for my child to be screened at school.

Parent/Guardian Signature

Date