

LEA LETTERHEAD

**PRESCHOOL DEVELOPMENTAL DELAY
SCREENING PERMISSION FORM**

Child's Name _____ Preschool Program _____

Dear Parent:

Your child has been recommended for developmental screening. You will be notified of the results after the screening is completed.

If the screening indicates that your child does not need additional testing, then no further action will be required by you or the school system.

If the screening results are developmentally appropriate at this time, then a curriculum that fosters continued appropriate development should be incorporated into the preschool classroom.

If the screening indicates that your child needs a more in-depth evaluation, you will receive a notice to request that you attend a meeting to discuss the need for an evaluation to determine if your child needs special education and related services.

The following screenings will be conducted:

- _____ Vision screening
- _____ Hearing screening
- _____ Developmental screening in the areas of motor, communication, social/emotional, cognition, and adaptive skills.
- _____ *Natural Environment Survey*. If your child does not attend a preschool program, you may be asked to complete this survey.

Please check one of the responses listed below and sign and date the form in the space provided:

_____ Yes, I give permission for the screening.

_____ No, I do not give permission for the screening.

Parent/Guardian Signature

Date

Please return this form to the person listed below. If you have questions, please call the person listed below at the phone number provided.

Name

Position

Phone

Date form sent to parent: 1st attempt _____ 2nd attempt _____