

LEA LETTERHEAD

**PRESCHOOL DEVELOPMENTAL DELAY  
SCREENING RESULTS FORM**

Child's Name \_\_\_\_\_

Preschool Program \_\_\_\_\_ Date form sent to parent \_\_\_\_\_

**After receiving your written permission, your child participated in a screening for possible developmental delays. The results of the screening are as follows:**

\_\_\_\_\_ The screening indicated that your child does not need additional testing. He/she is functioning within normal expectations at this time. No further action is required by you or the school system.

\_\_\_\_\_ The screening indicated that your child presents patterns that are developmentally appropriate at this time. A curriculum that fosters continued appropriate development should be utilized in your child's preschool classroom. (Applies to children who attend preschool programs.)

\_\_\_\_\_ The screening indicated that your child needs a more in-depth evaluation. Please find attached to this form a *Notice of Proposed Meeting/Consent for Agency Participation* 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. Please sign, date and return the meeting notice to the person indicated.

\_\_\_\_\_ The screening indicated that your child presents patterns that are developmentally appropriate at this time. Since your child is preschool age and does not participate in a preschool program, you are encouraged to frequently read to your child and to provide developmentally appropriate activities and experiences.

If you have questions, please call the person listed below at the phone number provided.

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